

DOCUMENT RESUME

ED 229 930

EC 151 928

AUTHOR Trohanis, Pascal L., Ed.
TITLE Strategies for Change.
INSTITUTION North Carolina Univ., Chapel Hill. Technical Assistance Development System.
SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE Sep 82
CONTRACT 300-80-0752
NOTE 123p.
PUB TYPE Collected Works - General (020) -- Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS *Agency Role; *Change Strategies; College Role; *Disabilities; Educational Innovation; Educational Planning; Government Role; Higher Education; Hospitals; Information Dissemination; Nonprofit Organizations; *Policy; *Preschool Children; Preschool Education; School Districts; *Special Programs; State Departments of Education

ABSTRACT

Information for planners, administrators, and advocates on the promotion of comprehensive services for preschool handicapped children is presented in seven papers. The first chapter, "The Process of Change" (G. Lambour, Ed., et al.) discusses steps for institutionalizing educational innovations and is based on four meetings of the Invisible College on the Institutionalization of Change (New York City, March, 1980). Change in local education agencies and the contribution of the private nonprofit agency are addressed in Chapters 2 and 3, respectively: "Local Change through Policy Development" (E. Smith) and "Change at a Private Nonprofit Agency" (C. Garland). Programmatic innovations in hospitals and the unique elements of state agencies and governments are considered in Chapters 4 and 5, respectively: "Changes in Health Care Settings" (A. Kaluzny) and "The State Education Agency and the Change Process" (R. Mayo, A. Taylor). The sixth chapter, "Change Strategies for Institutions of Higher Education" (N. Carlson), argues for a core group of planners within the college structure and assesses alternative change efforts. Finally, Chapter 7, "Planning for Dissemination" (P. Trohanis), considers the dissemination of products, ideas, programs, and practices. A bibliography (R. Etheridge, Comp.) contains 45 references covering hospitals, public schools, state government, and universities. (SEW)

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Edited by Pascal L. Trohanis
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Strategies for Change was developed by the Technical Assistance Development System (TADS), a division of the Frank Porter Graham Child Development Center of the University of North Carolina at Chapel Hill. TADS is located at 500 NCNB Plaza, Chapel Hill, North Carolina 27514.

This book was prepared pursuant to contract number 300-80-0752 from Special Education Programs, U.S. Department of Education. Contractees undertaking such projects under government sponsorship are encouraged to express freely their judgment in professional and technical matters. Points of view or opinions, therefore, do not necessarily represent the Department of Education's position or policy. The enclosed selections are presented for information purposes only; no endorsement is made.

Gary Lambour, Special Education Programs Project Officer to TADS
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September 1982

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PREFACE

Creating change in an educational system is a dynamic, challenging process. It puts a premium on initiative taking, developing new ideas, tackling new jobs in new ways, and working with new people.

Margaret S. Dwyer (1977, p. 54)

For the past two decades, the active and creative spirit of planners, administrators, and advocates of services for young handicapped children and their families has changed people's ideas, established new priorities, and stimulated new and better programs. This dynamic effort has been directed toward local education systems and a larger landscape of human services--state government, private service agencies, health-care settings, and institutions of higher education.

As a result, much positive change has occurred:

- ° Twenty two states have legislated changes that mandate preschool education for children under age five years;
- ° Twenty one locally-based projects of the U.S. Handicapped Children's Early Education Program (HCEEP) have passed the Joint Dissemination Review Panel (JDRP) of the U.S. Department of Education (these projects successfully developed and documented components that can be replicated nationally by other program developers);
- ° A gamut of formal and informal in-service and pre-service training activities exist nationwide;

- ° Breakthroughs in technology and research have spawned new and better ways to identify and serve at-risk and handicapped infants;
- ° Private, local agencies (e.g., United Cerebral Palsy, Child Development Resources, Lighthouse for the Blind, etc.) provide continued, responsive, quality services that public agencies have been unable to develop;
- ° Day Care and Head Start programs now respond more systematically to the special needs of special children;
- ° Trained professionals are more plentiful;
- ° The Division of Early Childhood emerged in the Council for Exceptional Children;
- ° Demonstration and Outreach programs funded through HCEEP and sponsored by the U.S. Department of Education continue and expand preschool services to children and families after federal funding terminates.

These and other successes did not come easy. As program planners move into the 1980s, creating change will become more challenging: scarcer resources are probable; policymakers are changing their perceptions of "appropriate services" to handicapped preschoolers; and legislatures are attempting to rescind many mandates. In light of these trends, much remains to be done to achieve appropriate services for our nation's estimated one million preschool handicapped children and their families.

Purpose of this Book

Promoting comprehensive services for young children is a creative enterprise that integrates (institutionalizes) new programs, ideas, practices, and products into existing systems or settings. The task demands changes in attitudes, skills, and behavior of people and their organizations.

This text was prepared to assist planners, administrators, and advocates in three areas:

- ° To increase awareness of general and specific strategies that foster positive change.
- ° To nurture positive feelings and thereby reduce anxieties toward this new, often complicated task of planned change.
- ° To suggest other readings and resources to enhance the readers' understanding of the change process.

Uses of this Book

This book may be used by a variety of audiences in a number of different ways. Three types of professionals are targeted:

- ° Planners and administrators of special education, early childhood, and general education programs;
- ° Graduate students in educational administration and special education;
- ° Advocates of services for special children.

The material in this text can be incorporated in a workshop on the change process or assigned as a reference or required reading for a course or seminar. And, it can serve as a basis for staff development for special education early childhood programs.

Organization of Text

The text is organized in seven chapters. The first chapter is an introduction to the change process. The next five chapters examine the characteristics of change within particular settings that involve young handicapped children and their families. The last chapter provides a view of planning for general dissemination activities to facilitate the institutionalization of change.

Following is a short description of each chapter. Chapter 1, edited by Gary Lambour, David Rostetter, Selma G. Sapir, and Ashaki H. Taha, provides a practical step-by-step process for institutionalizing educational innovations. This chapter was synthesized from meetings of the "Invisible College on the Institutionalization of Change" held at Bank Street College at New York City (see Appendix). Chapter 2, by Barbara J. Smith, discusses change in local education agencies (LEA). She portrays the LEA as a setting where change can be brought about through the development of a public policy working within political systems and processes. In Chapter 3, Corrine Welt Garland explores the change process within the private nonprofit agency. She advocates for the continued need for this type of service agency and its unique contributions. Ideas for change in hospital settings are provided in Chapter 4. Though a great deal of attention is given to technological innovations, Arnold D. Kaluzny urges more attention be given to understanding the factors associated with programmatic types of innovations, and he develops strategies to facilitate the implementation of such activities. Ann B. Taylor and R. Michael Mayo

examine the unique elements of state agencies and government in Chapter 5. Chapter 6 highlights change at institutions of higher education. Nancy A. Carlson calls for establishment and maintenance of a core group of planners within the university or college structure that continually assesses needs and strengths and offers alternatives for the implementation of change efforts. The last chapter, by Pascal Louis Trohanis, details some ideas on planning for the dissemination of products, ideas, programs, and practices. Trohanis offers a general planning approach in this concluding chapter.

Pascal Louis Trohanis, Editor
Chapel Hill, North Carolina
September 1982

Selected Reference

Dwyer, Margaret S. Mastering Change in Education. Educational Technology, 1977, 17(1), 54-56.

Chapter 1

THE PROCESS OF CHANGE

edited by

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Public Law 94-142 mandates a free and appropriate public education for all handicapped children. To accomplish this, U.S. Special Education Programs (SEP) provides money and assistance for innovative programs.

In recent years, SEP's Division of Innovation and Development has taken steps to help funded projects institutionalize educational innovations. These efforts were spawned from the realization that the quality, validity, scope, and merit of an innovation do not alone determine success. Rather, success depends on a range of seemingly unrelated factors that play a significant role in either facilitating or hindering the institutionalization of the innovation.

This chapter, gleaned from meetings of the Invisible College on the Institutionalization of Change held at New York City in March 1980 (see Appendix), will help readers understand the process of institutionalization and learn methods of working with others successfully. The chapter focuses on nontechnical factors that influence educational innovations, answers basic questions, provides practical political guidelines, and identifies the essential components of the institutionalization process.

This chapter is based on two papers: "Educational Innovation: The Political Dynamics of Change," by J. Victor Baldridge, and "Institutionalizing Changes in Schools," by Philip J. Runkel. Both of these papers were written especially for the Invisible College on the Institutionalization of Change.

THE PROCESS

Q. WHEN IS AN INNOVATION INSTITUTIONALIZED? AND HOW DOES IT GET THAT WAY?

A. AN INNOVATION IS CONSIDERED INSTITUTIONALIZED WHEN IT BECOMES AN INTEGRAL PART OF THE ORIGINAL SYSTEM.

Innovations do not happen in a vacuum. They need receptive people, places, and settings for learning. Three basic approaches are:

- ° The Rational/Empirical Approach: appropriate knowledge and data will permit change to occur.
- ° The Power/Coercive Approach: authority mandates change.
- ° The Normative/Re-educative Approach: participative experiences (in-service skill and attitudinal training) will facilitate change.

All three approaches contain elements essential to institutionalize an innovation into an existing system.

Q. WHAT DO I DO AFTER THE INNOVATION IS INTRODUCED?

A. A COMPLEX PROCESS MUST BE INITIATED.

The process consists of seven action-oriented components:

- 1) Plan and monitor collaboratively
- 2) Adapt internal and external expertise
- 3) Revise materials to meet local needs
- 4) Model desired behavior
- 5) Train as an integral part of regular work meetings
- 6) Build and maintain support systems
- 7) Keep at it

Together, these seven components comprise a process that includes the three basic approaches to change outlined above. It is critical to institutionalize this process.

O. HOW CAN I KEEP TABS ON WHAT'S GOING ON?

A. PLAN AND MONITOR COLLABORATIVELY.

Collaborative planning must involve internal and external resources committed to the innovation. Though outside consultants usually are committed to supporting innovations, generating a similar internal commitment typically relies on skillful committee politics that can overcome the natural inertia of organizations. First, get on the right committee. Then, do your homework. It's also a good idea to become the committee chairperson or secretary. The chairperson sets the agenda, and the secretary serves as the committee's memory. Influence over a committee often is equal to influence over the decision.

Monitoring, too, must be collaborative, and it must be linked to planning. In the initial stages of the innovation, trace the decision flow through to execution, and fight when issues are distorted. The truly effective change agent tenaciously monitors the decision-making process and draws attention to any lapses.

Extinction is part of the life cycle of a project. Remember that few good changes are eternal. Monitoring for effectiveness includes deciding if performance meets expectation and if the need for the innovation still exists. Effective monitoring and political expertise require the ability to extinguish a project--that you've fought for and won--when it has outlived its usefulness.

Q. HOW CAN I BUILD A GOOD TEAM?

A. ADAPT INTERNAL AND EXTERNAL EXPERTISE.

An effective team strikes a balance between internal and external human resources and builds on the strengths and neutralizes the weaknesses of each. Figure 1 shows assets and potential liabilities of internal and external human resources.

Figure 1

Internal and External Human Resources

Assets	Liabilities
Internal Task Forces:	
► understand the local situation; ► are committed to making an innovation work because they must live with it; ► have access to the channels for implementation.	► can create political problems by recalling past problems and opening old wounds; ► can be costly and problematic in terms of money, commitment, and time; ► may be so egocentric and locked into old ways that they cannot gain fresh perspectives on problems.
External Consultants:	
► bring fresh perspectives and specialized expertise; ► are isolated from internal politics and have greater objectivity; ► are not ego-involved in the status quo	► often fail to understand the dynamics of the unique local situation (indeed, their ignorance is commonly misinterpreted as objectivity); ► lack channels or authority to implement recommendations; ► lack ego-investment; ► can be used by an administrator to support his or her policies

The best balance of internal and external talent seems to be the combined use of outside consultants with an internal task force. The internal task force might take the form of Runkel's (1980) "Cadre of Organizational Specialists," a group that provides development consultation to peers. The purpose of a cadre is to:

- ° Increase problem-solving capabilities;
- ° Enable organizations to cope with changes in roles, duties, interpersonal relations, coordination, and communication;
- ° Build solutions with the people who will implement them;
- ° Improve the quality of work life.

There are ten guidelines to establish a "Cadre of Organizational Specialists":

- 1) Draw members from all ranks;
- 2) Assign members part time to the cadre and compensate them financially or lessen other responsibilities;
- 3) Provide services by teams;
- 4) Let the cadre respond to requests--do not impose cadre services;
- 5) Plan at least three weeks of training for members;
- 6) Do not assign members to consult with units in which they are regularly employed;
- 7) Appoint a coordinator to work at least half time for the group;
- 8) Allow the cadre to have at least ten members;
- 9) Give the cadre its own budget;
- 10) Provide time for the cadre's self renewal: recruiting and training new members, acquiring new skills, renewing its own cohesiveness, and planning for the future.

Q. WHAT IF AN INNOVATION SEEMS LIKE A GOOD IDEA, BUT PARTS OF IT DON'T SUIT MY PARTICULAR SITUATION?

A. REVISE MATERIALS TO MEET LOCAL NEEDS.

Innovation requires examination of the purpose and function of existing practices. This is not wasteful duplication of effort. Revision is a key element of planning, implementation, monitoring, extinction, and assessment of needs. The revision process requires skillful organizational politics because it so often threatens those with a vested interest in the status quo. The ability to marshal cooperation and defuse potentially explosive situations depends on the degree that political dynamics are understood and used.

Q. HOW CAN I SHOW MY ORGANIZATION THAT THE INNOVATION CAN WORK?

A. MODEL DESIRED BEHAVIOR.

Modeling demonstrates concretely that an innovative approach works within the context of an imperfect environment and not just on paper or in some ideal setting. Modeling can be effective with seasoned professionals resistant to anything incongruent to their previous training and cumulative experience. Successful change agents model desired human relations and technical skills on an ongoing basis.

Q. WHAT ELSE CAN I DO WITHIN MY ORGANIZATION?

A. TRAIN AS AN INTEGRAL PART OF REGULAR WORK MEETINGS.

In-service training is an essential component of the process. Training must be:

- ° an integral part of regular work meetings;
- ° long term;
- ° conducted among intact work groups;
- ° a combination of technical and human relations skills (and an examination of the impact these new skills may have on role relationships).

These four criteria legitimize the innovation and those who successfully adapt to it.

Q. WILL I NEED HELP?

A. YES. BUILD AND MAINTAIN SUPPORT SYSTEMS.

To get people to buy into an innovation, it is necessary to build consensus for what will occur. Influence the internal process with support from external constituencies. External pressures and formal control by outside agencies (especially in public institutions) are powerful shapers of internal decisions. Build coalitions that involve outside and inside groups. (Programs for the education of the handicapped owe their existence to outside forces that prompted internal innovation.) Understand the dynamics involved in building coalitions, and learn how to use coalitions to create strong support systems.

Q. WHAT ELSE CAN I DO?

A. KEEP AT IT.

Keep at an innovation during every phase of its life. Politically, most decisions are made by people who persist. And, power belongs to those who stay long enough to exercise it. At the beginning, the person who sticks with

a committee is likely to have enormous impact on the decision to undertake a project, fund it, and staff it. During the implementation phase, efforts to defuse potentially volatile situations must be ongoing. When a project reaches its final stages, those who followed the project from the beginning will have the skill, perspective, and interest necessary to deal with attempts to perpetuate it after it has outlived its usefulness. Overall, three years is the minimum amount of time to institutionalize an innovation.

POLITICS

Q. ARE POLITICAL SKILLS NECESSARY?

A. AN EFFECTIVE CHANGE AGENT MUST BUILD A POLITICAL BASE.

Organizational politics is the interaction of internal and external interest groups that jockey for influence, struggle for power, and claim the right to make decisions. Policy decisions are particularly critical and should not be considered routine. Major policies commit an organization to definite goals and determine its long-range destiny. Since policy decisions commit organizations to courses of action, people in organizations must use their influence to see that their special interests are included in policy. Commitment from decision makers can be vital when these individuals obtain the consensus of their colleagues. And remember, organizational politics often means committee politics.

Successful institutionalization of an educational innovation requires an understanding of how schools and school districts function as political systems. New projects must contend with old programs that have a vested interest in protecting their domain. If the political dynamics are not carefully considered, a new project will die.

Organizations are hard to change; often, people fear change and try to maintain the status quo.

TROUBLESHOOTING

Q. WHAT KINDS OF PROBLEMS WILL I ENCOUNTER?

A. THREE COMMON OBSTRUCTIONS ARE: STAFF TURNOVER, INEFFICIENT USE OF AUTHORITY, AND FAULTY DIAGNOSIS (ASSESSMENT OF NEEDS).

Staff turnover, particularly of key members, severely weakens an innovative project. Establish times and procedures for training and socializing replacements.

Formal authority in bureaucratic systems can be challenged by political pressure and bargaining power of interest groups. Careful attention must be given to a project's structural and administrative location within a system. Innovations attached to programs in the middle ranks of a bureaucracy usually fail. New projects need the protection of a powerful administrator who can shelter them from attack from other administrators who feel threatened. If you've got authority--to set deadlines, establish a division of labor, and authorize rewards--use it. In fact, authority is necessary to commit funds. The quickest way to kill a project is to starve it financially.

Following the introduction of an innovation, an accurate, comprehensive assessment of needs is essential. Consider:

- DON'T allow preconceived solutions to distort decisions within your own power domain.
- DON'T be superficial; dig deep to get at real problems and needs.
- DON'T chase grants mindlessly; pursue only those that have a real connection to legitimate needs.

- ° DON'T be swayed by outside consultants with vested interests in particular approaches that may be unsuited to local conditions.

SUMMARY

- Q. WHAT IS THE BASIC STRATEGY TO INSTITUTIONALIZE AN INNOVATION?
- A. INTEGRATE APPROACHES TO CHANGE. BECOME SKILLFUL IN ORGANIZATIONAL POLITICS. AVOID COMMON PITFALLS. MAKE CERTAIN THE SEVEN COMPONENTS OF THE INSTITUTIONALIZATION PROCESS ARE IN PLACE.

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- Baldrige, J.V. Educational Innovation: The Political Dynamics of Change. Paper presented at Bank Street College conference on change, New York, March 1980.
- Runkel, P. J. Institutionalizing Changes in Schools. Paper presented at Bank Street College conference on change, New York, March 1980.

Chapter 2

LOCAL CHANGE THROUGH POLICY DEVELOPMENT

by

Barbara J. Smith

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This chapter will explore a process to facilitate services to young handicapped children and their families by bringing about change at the local public school level. This change can be made by developing a public policy that establishes a system of services. This chapter will discuss historical and current public policy developments and ways to affect policy to increase programs and services for young handicapped children and their families.

BACKGROUND

In 1968, the U.S. Congress passed into law the first bill to establish a federal role in early education for handicapped children. The Handicapped Children's Early Education Program (HCEEP) was established to promote the efficacy and importance of early intervention and to demonstrate the effects of these federally supported models (with the hope that localities would then develop their own programs and policies).

When research indicated that the earlier a handicapped child is served the more dramatic is the remediation of developmental delays, states began developing their own programs. As is often the case, when program costs became an issue for state legislatures and local governing bodies, there came a need to set public policy. Questions were raised: How many children need the services? What kind of services should be provided? What agency is the most appropriate for providing the services?

Policy sets forth the goals and ideals for an organization. Policy establishes the authority to fund implementation of those goals. In early childhood special education, various governmental or policy-setting bodies have declared that early intervention is a goal for society, and they have approved the expenditure of public funds for that purpose.

Public policy can establish broad ideals, or it can set forth specific rules of conduct and ensure funds to carry out such requirements. Laws and regulations usually fall into this latter category. For instance, if a legislature or governing board establishes that public schools shall ensure an appropriate education for very young handicapped children, they are mandating conduct and will need to appropriate funds to carry out the requirement.

Though many policies establish incentives or support for programs at the state or local level (Public Law 94-142--The Education for All Handicapped Children Act; the Preschool Incentive Grant Program; HCEEP; Early and Periodic Screening, Diagnosis, and Treatment Program; and Head Start), none of these policies mandate or require any level of government to serve preschool handicapped children. About half of all states mandate services to some portion of the preschool handicapped population.

Local policy is often a mosaic of federal, state, and local requirements. Since a local public school system receives its requirements from all levels of government including its own policy making bodies, a change process could result from a policy change at any one of these levels.

CHANGING PUBLIC POLICY

To change or establish new public policy it may help to acknowledge two dimensions of activity: substantive (or content) activity and procedural activity.

Substantive Activities

Substantive activities necessary to develop or change public policy may include gathering data to establish a need for policy: How many children live

in your community who need services but are not receiving services? If they are receiving services, are the services guaranteed, or could they be discontinued tomorrow?

The amount of services needed must also be established: What kind of handicapping conditions need to be addressed and by what services or profession? Should services be limited to only the most vital for the child's current condition, or should they be comprehensive for both child and family? What treatment model will be followed?

Figure 1 shows a decision-making matrix that can be used to organize policy options. Often, political milieu will affect substantive activities. In fact, some localities choose to settle for services at a smaller scale than originally planned just to establish a program of some sort at a time when a comprehensive policy seems politically impossible.

Procedural Activities

Procedural activities outline a plan of action. Once the substantive data is gathered, a decision must be made: What is the most reasonable policy change? What procedures are necessary to achieve that change? Procedural activities also include assessing the political milieu: What kind of change is feasible politically? Is a public mandate possible, or would a permissive (voluntary) incentive program be a better route? Are comprehensive programs more likely to succeed on a limited basis? What governing body will be concerned with this particular policy change and will have the power to implement it? Is there a need for a concerted political effort by a coalition? Is there a need to educate the public to solicit their support? Are there

Figure 1
Five Possible Policy Options

DECISION	OPTIONS				
	1	2	3	4	5
<u>Population</u>					
* Ages	Birth to Five	Three to Five	Birth to Three		
* Handicapping Conditions	All	Most Severe	Defined by Developmental Disabilities	Defined by P.L. 94-142	Defined by State School Law
Services	Comprehensive (including family services)	Comprehensive (not including family services)	Special Education and Related Services	Special Education	Medical
Agency(s)	Interagency Cooperation—Public/Private	Public schools for one age group, another agency for others	Public Schools	Social/Welfare Agency	

*See Smith (1980)

timelines (elections, voting dates, hearing dates) to adhere to?

Figure 2 shows a plan of action chart. Once all of these decisions are made (they may fluctuate as feasibility is tested), the plan can be implemented.

Resources and Constraints

Depending on the situation of the change advocate and the community, there will be various resources and constraints to development of public policy supportive of early childhood special education. One situation which may be a resource as well as a constraint is the advocate's position within or outside of the public school system.

An internal advocate knows the proper avenues for change and communication within the particular setting. However, the internal advocate may become involved in a conflict of interest if activities are viewed as threatening to the current system. In these cases, the insider may need help from an outsider. Often, parents and parent groups serve in this buffer capacity for an internal advocate.

An external advocate usually is not directly affected (employed or directly served) by the system he or she wishes to change. In the case of a local school system, an external advocate may be a professional in a program not operated by the schools, or a parent involved in the program, or another concerned individual or organization. The external advocate doesn't have the same inside information as the internal advocate, but he or she does have the benefit of autonomy. Clearly both types of advocates help effect change

Figure 2
Plan of Action

September	October	November	December to March	April to May	June
Begin gathering "need" data	School board election data gathering	School board election	Develop fact sheets on need for and benefits of early intervention	School board votes on upcoming budget and regulations	Follow up to board members depending on how they voted
Begin coalitions with other groups	Public meetings where candidates can state their position on early intervention	Invite teachers and school officials to visit programs	Individual meetings with school board members		Hold press conferences on the effect of the decision
			Request public school board hearing on early intervention programs		Give awards to supportive board members
			Invite board members to visit programs		
			Hold press conference on the need for programs		

through the political process.

Existing programs or services can be constraints as well as resources to policy development. The question may be raised: If children already receive services, why do we need to develop a policy? Often, parents become satisfied with the status quo and so lack momentum for initiating change. However, these communities always must ask these questions: Are these services assured? Could they disappear tomorrow? Could services be improved through defined policy and guidelines for service delivery?

Existing programs are a resource when they are used as models for further program development, as settings for visitations to educate policy makers and the public, and as sources of efficacy information. Often, uninformed public school officials are wary to commit themselves to a policy for early intervention programs. If these officials could visit existing programs their attitudes might change. Finally, the presence of established programs saves effort by providing an existing base for financing and service delivery.

The question of finance is inevitable in any public policy consideration. And, depending on the community, the balance between resources and constraints will vary. Some communities will offer resources ranging from a substantial tax base to use of various existing private and public programs. However, many communities will find themselves in a financial position that will prevent or slow the development of a public policy. In each case, the state of today's economy requires that any public policy for human services stress the need for interagency cooperation and cost sharing. Most community health, mental health, social welfare, and educational agencies provide services that can be coordinated systematically through policy; each agency need only pay

its fair share.

The people involved in the political process can be resources or constraints on policy development. To persuade decision makers, the change advocate must be able to understand (at least on a superficial level) the policy makers' constraints, to present to policy makers useful and valid information and data, to unite various groups behind their cause, and to be courteous and respectful of policy makers even when they disagree. Effective change advocates follow up by thanking policy makers for their support or requesting an explanation for their lack of support (CEC, 1976).

CONCLUSION

As resources tighten at all levels of government, the early childhood special education community finds itself in a frustrating position. After two decades of data gathering, we know that early intervention is essential for a handicapped child's optimal development. But there remains no secure policy base upon which to build programs or seek resources. Apathy need not result; rather, frustration can arouse a determination to move forward.

Regardless of the lack of policy base, more young children than ever before are getting an early chance. And this reflects an increasing awareness of the need for early intervention. Those that try to entrench this progress in a public policy may find that in their particular situation such political change cannot take place at the local community level; they must look to the state or national level. However, every public policy has its roots in some group or community where people knew a change was needed.

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Chapter 3

CHANGE
AT A
PRIVATE NONPROFIT
AGENCY

by

Corrine Welt Garland

The author:

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BACKGROUND

Two rooms in a church basement, a handful of children, two college students working part time as teachers, a driver-aide without experience, and a wrecked bus were the resources of the Williamsburg (Virginia) Preschool for Special Children in the Fall of 1972. It turned out, however, those were only the immediately visable resources. During the next several months, the new director discovered a committed board of directors with a new, energetic, enthusiastic, and skilled board chairman and a supportive community.

While the task of change is complex, the extent of change, in this case, is summarized easily. In 1981, the Williamsburg Area Child Development Resources (CDR), formerly the Preschool for Special Children, was housed in a 4000-square-foot building recently purchased and remodeled to meet program needs. The facility includes office space, a developmental day-care unit, and a diagnostic evaluation suite--all with observation facilities--adapted to meet the needs of the handicapped. Four acres around the facility will allow further construction. The open space serves as a reminder that change is a continuous process.

The CDR program includes a transdisciplinary infant program with a strong parent component. This program is funded by a combination of state and local public and private funds, and has been replicated at 16 sites through the CDR Outreach Project funded by U.S. Special Education Programs. CDR materials are used in 48 states and five foreign countries. A Diagnostic Center opened in September 1981, and the original preschool classroom program, which grew to a full-service program for 32 children, is now funded and operated by local

public schools.

How is such change possible? How can it be planned? Who identifies the need for change? Who makes sure it works? What groups are affected when a private nonprofit agency changes so dramatically? How do those groups react? What strategies ensure stability of the agency, continuity of its staff, continued parent and board involvement, and continued support from the community in the face of change?

This chapter examines the process of change in a private nonprofit agency and focuses on the groups that are key factors.

TARGETS AND AGENTS OF CHANGE

Change in any organization is easier to introduce to people who already have a high level of commitment to the organization and its goals than to introduce to those who lack a strong sense of affiliation or who may even oppose the agency and its work. Therefore, it helps to examine groups whose behaviors and attitudes affect an organization's goals and to determine the extent of the bond that exists between each group and the private nonprofit agency.

Staff is bound in many ways to an agency--sense of professional identity and worth often are closely tied to workplace and position. And, personal and professional goals often are related to those of the agency. Teachers, therapists, and other staff develop loyalties and ties to their agency, its administrators, their colleagues, and to the parents and children they serve. When ties are strong and commitment is high, a staff likely will endure the unsettling experience of positive change.

Other groups important to the success of the private nonprofit agency in a community also should be regarded as possible targets for attitude or behavior changes. For example, if a goal is better fiscal management, the administrative body or board of directors must be a target. Again, the sense of affiliation or loyalty is high. Board members usually are volunteers who give time and energy and link their names and stature to the agency. Their affiliation may be weaker than staff's because board terms of office are limited, and with rare exception, board association is not a primary occupation. However, the good will and support of a board of directors usually can be relied on. The board often is an appropriate target for change.

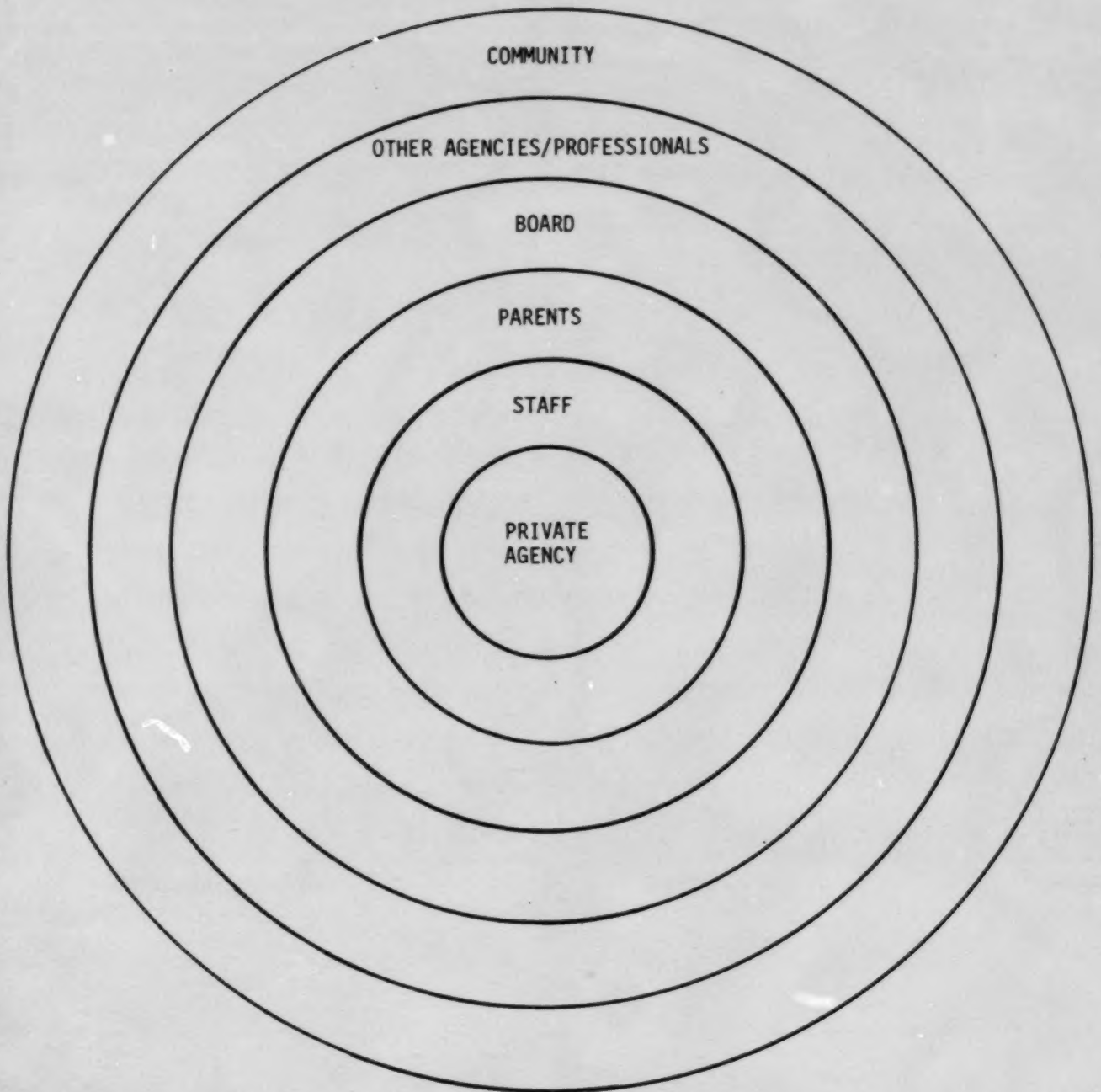
Parents are tied to an agency by a common goal--child progress. When parents agree that change will help achieve this mutual goal, they can and should be enlisted as partners in change.

Other community agencies and professionals will have goals and areas of interest which will overlap your own. At times, goals may diverge or even conflict. Understanding the needs and goals of other agencies and helping them to be familiar with yours is part of the process of identifying collaborators in the change process.

It is helpful to assess all the potential targets for change within your own agency or community. A group of targets, depending on the situation, might fall into the pattern shown in Figure 1.

For example, if your agency has transportation problems and you want to develop a new bus system, you might find support within your own staff, board, and clients easier than you will from a local day-care center. However, do

Figure 1
Targets of Change



not dismiss that or other agencies and professionals or even the community at large as potential targets. If the other agency can be convinced that pooling resources will result in cheaper, more efficient transportation for both agencies, chances for cooperation improve significantly.

The identification of appropriate targets for change and the development of practical strategies for the planning and implementation of change are the subjects of the remainder of this chapter.

The Agency as the Target

Gerald Zaltman (1977) describes change as a relearning, by an individual or group, in response to a new perception of a situation which requires action to modify the structure or function of a group. Argyris (1970) suggests that it is the central role of leadership to generate valid information to help others make informed choices about the need for change and to develop the commitment to that change which is necessary for its institutionalization.

When the need for change is perceived first at the administrative level, several staff reactions are predictable. Staff may fear that they will fail to meet performance expectations. They may equate a supervisor's desire for change with dissatisfaction. Or, they may worry about personal factors such as job security, salary, and promotions. People content with the status quo may worry that change will diminish job satisfaction.

Resistance to change, Lippitt (1958) asserts, occurs when the new behavior required is not consistent with or congruent to existing values. For example, physical, occupational, and speech therapists traditionally have been trained in a way that makes it difficult for them to work in a transdisciplinary program. When teachers and parents are allowed to

participate in activities which once were the prerogative of clinical therapists alone, a redefinition of the therapists' professional values may be needed. Professional training, states Zaltman (1977), and its pressure for conformity may be sources of resistance to change. Similarly, classroom teachers may find it difficult to move outside the secure walls of their own disciplines and the physical walls of the classroom or clinic when home visiting and parent training require role redefinition and new skills. And, when the change is not defined precisely, discomfort is high for the person being asked to make that change.

According to Benne (1969), successful change efforts must be task oriented, educational, collaborative, and experimental. Task-oriented change is not based on a vague perception of the need for modified behavior. It is based on carefully collected data that assesses needs and leads to the setting of defined objectives.

Formative evaluation can provide the basis for task-oriented change. When the public health nurse comments that referrals are being processed slower than usual, the data collection process begins. Enlist aid to collect additional information on average length of time from referral to service, and the collaborative dimension to the change process is added. Provide staff with the opportunity to review intake procedures and forms used by other agencies and to compare their system with your own, and the educational dimension is added. If a leader provides sufficient information, those involved in this change process can make intelligent decisions, identify appropriate goals, and make commitments to achieve those goals. Together, the staff can decide to set a goal of two weeks from date of referral to initiation of service. The program director can continue to help the change

process by providing training in case history interview techniques or screening methods. Needed changes should be identified, and personnel should be provided with the time, training, materials, and other resources necessary to make the change process task oriented, collaborative, and educational. A date should be set to review new procedures, and if necessary, review and modify strategies and set new objectives. This approach to change allows agencies and personnel to grow together. The need for change becomes an opportunity for professional development rather than an accusation of inadequacy. this staff participation--identifying problems, setting goals, and selecting strategies--develops a strong internal commitment to change.

By allotting adequate time for training, developing new materials or procedures, planning and evaluating change strategies, and by providing other necessary resources, an administrator can demonstrate support for the change process. Argyris (1970) suggests that clear support at the top of an organization is necessary so participants will know their efforts are meaningful and appreciated.

Other strategies are available to involve staff willingly and enthusiastically in the change process. A systematic approach to program evaluation will provide staff with information on effectiveness of service delivery and on parent satisfaction. In this way, change becomes an expected part of agency operation and not an unexpected blow to ego and the status quo.

When staff members of a nonprofit agency are encouraged to attend board meetings and to keep informed of administrative decision making, they are more likely to respond positively to the need for change. Too often, a dichotomy

between staff and boards exists which results in a "they said," "they want" attitude that inhibits the change process.

The collection of personalities that comprise staff is a factor which cannot be overlooked. Lippitt (1958) says that openness and a willingness to take risks are personal characteristics that enhance effective change. Clearly, people with negative self images are threatened by the need for change, and professionals with strong self concepts and successful pasts who believe in the agency itself because of its past successes will be more open to change. The administrator or program director committed to organizational development and change should look for these qualities as he or she recruits project personnel.

Parents

Parents may have the greatest vested interest in the success of your agency. In many communities, the private nonprofit agency is the sole service provider for the handicapped preschooler. The agency frequently is the first service provider, and the bond between the first helping person and the family of a handicapped child is strong indeed. Parent goals and agency goals are certainly congruent in the area of child progress and improved services. Parents may perceive their child's ability to progress to be linked closely with the strength and success of the agency. This strong affiliation makes parents a powerful force that can help a private nonprofit agency achieve its goals of outstanding service to the young handicapped child.

However, agency goals sometimes require that parents be targets for change. If the proposed solution to a transportation problem is to collaborate with another agency, preschoolers might have to be put on a bus

with older children; and parent attitudes may have to change. If the new strategy is to succeed, parents may have to modify attitudes and deal with fears.

Benne's (1969) model once again can provide the key to successful change. Provide parents with data: "Children now spend over an hour on the bus." Help them to focus on task-oriented change: "We would like to cut that down to 30 minutes by collaborating with another agency." Allow parents to participate in the assessment of needs and the process of setting goals. Form a task force on transportation that collects information on existing services and parent satisfaction and reviews available alternatives. Collaborate with parents to set specific goals for change. Enlist their participation to determine appropriate travel time and safety precautions. Share with them the problems and constraints of an agency developing a new approach, and acquaint them with your financial resources and limitations. Once strategies are determined, spread the educational approach to other targets.

Despite your best efforts, resistance may be high. Proposed changes may not always be consistent with a parent's perceptions of his or her role.

Proposed changes also may not be congruent to a parent's or a family's values. A change in a child's program which requires additional family time may create a real conflict for people who have other needs and priorities. This kind of situation presents a need for creative change strategies and forces professionals into an ethical examination of how far they can go when attempting to alter family values.

Parents, like professionals, will resist change when they are unsure of the expectations for their behavior or of their own ability to do what is being asked of them. Parents may lack confidence just as early intervention programs ask them to take on new roles as teacher of their own young

handicapped children.

O'Donnell and Childman (1969) support Benne's (1969) notion of collaborative and task-oriented change. They state that consumer participation lessens a client's alienation from change agencies. And, they state that participation enhances the client's feelings of being in control. Participation in decision making helps communication and helps the participants to be "more socialized into the agency's thinking and operation."

It is important to remember that parents are targets for change and initiators of change. An agency that systematically collects formal and informal feedback from parents and has a built-in system for frequent and open communication invites this initiation. Parent power has been a critical factor in the development of legislation and services for young handicapped children. Private agencies seeking to develop, maintain, or expand services cannot afford to overlook the impact that parents as change agents can have in affecting community attitudes toward the handicapped child and his or her family and the services they require.

Boards of Directors

When a private nonprofit agency needs to change, understanding and support from the board of directors is critical. In fact, as needs are assessed, the board itself may become the target for change.

Argyris (1970) describes change internal to the organization as the work of an interventionist trying to alter the information flow and decision-making process. The greater the prestige of the change agent, the greater the influence he or she has to bring about change. When an agency's own administrative body is the target for change, the change agent should be its leadership--designated or acknowledged.

Board members usually can be counted on for their allegiance to the

agency and its goals. They devote time and energy to the agency's goals, and they enjoy the recognition and community stature they receive in return. When a proposed change involves new roles for board members, resistance may ensue. Further, board members may have reservations about their own abilities to function in new roles. Involving those who will be affected by the change; allowing time for gradual implementation; and providing information, training, and education will help a board gain confidence in its ability to function effectively in new roles.

When the change needed is in the constituency of the board and in its role, a gradual, task-oriented, collaborative, and educational approach can minimize resistance and maximize the prospects of success.

If program goals and board roles are specifically defined, board recruiting can be an educative process and a vehicle of change. Role conflict is not a problem when board nominees are selected on the basis of the match between their own role perceptions and skills and the agency's needs. Sufficient time should be allowed to develop a board. Long-time supporters can be lost in the change process if they feel threatened by high-powered additions.

The board of a private nonprofit agency is that agency's administrative body and its eyes, ears, and voice in the community. For this reason, the board must understand the agency and its programs, and they must support the planned change. Board meetings and orientations can be educational in tone with presentations from staff about each phase of program activity. Monthly written reports from the director can keep a board informed of long-range goals and short-term objectives and can free board meeting time for questions and dialogue. Program needs and problems can be shared openly with the board so it can play its advocacy role. Annual progress reports ought to highlight

not only accomplishments but also problems and tasks that lie ahead. Anticipating difficulties allows a board time to form reactions and develop appropriate strategies. New program needs should be identified by long-range planning committees of staff, parents, and board members together as collaborators of planned change. Program needs then can be introduced to the board based on accumulated data that support the need for change as perceived by fellow board members. This strategy also addresses the dichotomy between staff and board discussed earlier. Board members should be encouraged to visit the program. However, project staff must recognize other demands on the board members' time and provide a variety of options for informing board members about program operation.

A dynamic board that is responsive to change is a broad cross section of the community--with skills in business, finance, public relations, management, and with strong consumer participation. Board and staff can and should enjoy a warm and open relationship built on the premise that they share a commitment to the agency and to the implementation of changes necessary to meet agency goals. That esprit de corps will be evident--and contagious--to the entire community!

Community

A dangerous pitfall for the community-based, private nonprofit agency is to take a narrow view of the audiences affected by its change. Agency change impacts a wide variety of constituents, including other professionals, community agencies, governing bodies with fiscal responsibility, program volunteers, financial supporters, and concerned citizens. For example: How will the shift to home-based service affect the group that gives monthly birthday parties in the classroom? How do other agencies with home-visiting

personnel view the entrance of another professional into a client's home? How do physicians perceive the agency and its expertise, and how will this affect their referrals to a new infant program? Are governing bodies aware of the need for proposed services? Will they support new programs?

Lewin (Lippitt, 1958) suggests audiences for change must go through a process of "unfreezing" old ideas before "refreezing" comes about. If true, this needs to occur in a climate of community education.

Unfortunately, program administrators frequently perceive community education as the orchestrated flow of positive information about a program toward the community. However, if change is to occur, communication must be two-way: the community should be informed of successes and of problems and needs. We need to create an interest in the agency, its need, and potential for change. At the same time, we must continually obtain feedback from the community (Gross and Herriot, 1965).

Advisory committees and special task forces can disseminate information and enlist community participation in decision making. A good strategy may be to create several mini-boards that meet particular needs. Mini-boards may be comprised of only one or two key community people with expertise in areas important to your agency. (These usually are unpaid consultants who can provide needed information and services to your program and can carry your message back to the community through its own leadership, making the community a partner in change.)

Orientation meetings can inform administrators and service providers from other agencies about new programs, strategies, and goals. Agenda should include an opportunity for the other agencies, in turn, to provide new information on staff and program changes, new referral and information sharing

procedures, and opportunity for informal discussion of interagency problems. Community open houses with program specialists available to answer questions; agency newsletters; neighborhood coffees with staff, board, or parent representatives all contribute to a two-way flow of information which helps the community identify needs and assists your agency in successful implementation of change.

Governing body members and community financial and program decision makers should be special targets for your communication program. Information should be provided not only at budget request time. Instead, invite key decision makers to observe your program and learn about its needs, prepare newsletter articles related to program accomplishments and needs, encourage parents to write letters describing child gains to the editors of local newspapers, and disseminate your evaluation information in jargon-free terms. These actions lay the groundwork for establishing the need for change and provide the opportunity to measure community response.

Annual progress reports summarizing accomplishments and openly describing problems and suggesting potential strategies also help establish community perception of the need for change. Data that identifies the problems and justifies proposed strategies should be collected and provided to the community. At the same time, public acknowledgment of the contributions of parents, volunteers, staff, board members, and other advocates will strengthen their sense of affiliation. A planned, continuous, two-way communication program can result in a community that participates in planning change, is receptive to that change when it occurs, and is willing ideologically and financially to support that change.

USING THE PROCESS OF CHANGE

Maslow (1954) states that man's highest needs are for continuing self development. This seems true for the healthy organization as well. For a private nonprofit agency to survive in a society in which "change itself is the overriding situational feature" (Bennis and Slater, 1968), an agency, its leadership, and its personnel must have a tolerance for ambiguity, a commitment to act on data, and a willingness to change. This places the agency in a dynamic posture of growth, like Maslow's self-fulfilling adult or Allport's (1955) "becoming" personality. The emphasis in change is not on the institutionalization of any one change, but in the institutionalization of the change process itself.

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Chapter 4

CHANGE IN HEALTH-CARE SETTINGS

by

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The effectiveness of hospitals and other health-care institutions depends on their ability to implement various types of innovations. Programmatic innovations include a range of service programs from infant stimulation/therapeutic/treatment programs, perinatal programs, and high-risk registries to more general activities such as improved communication with parents of handicapped children, working with other hospitals, and participating in interagency coordination and planning activities. Though a great deal of attention is given to technological innovation (Russell, 1979; National Research Council, 1979), less attention is given to understanding factors associated with programmatic innovations; and even less attention is given to the development of strategies to facilitate the implementation of such programmatic activities.

TYPES OF CHANGES

Health-care managers, professionals, and others interested in assuring the responsiveness of hospitals to changing community needs and expectations require some framework to classify the range of programmatic activities organizations are expected or required to implement. Types of organizational change are described in the means/ends classification scheme presented in Figure 1.

Change may or may not modify organizational ends or goals (indicated in the right-hand column of Figure 1). The means an organization uses to accomplish its goals also may or may not be modified (indicated in the middle column of Figure 1). Three possibilities result: technological change (a change in means but not in ends), adjustive change (change in ends but not in means), and adaptive change (change in means and ends).

Figure 1
Types of Organizational Change

<u>Types</u>	<u>Means</u>	<u>Ends</u>
Technological	Change	No Change
Adjustive	No Change	Change
Adaptive	Change	Change

SOURCE: Kaluzny and Veney, 1977.

Technological Change

Technological change may vary in cost and impact on the organization. For example, a decision to replace a four-test blood analyzer with a 12-test blood analyzer may represent only a small replacement cost, and the decision may have little impact on the overall organization. On the other hand, a decision to install neonatal monitoring devices or implement infant stimulation/therapeutic/treatment programs will have a substantial financial impact. Moreover, this decision will affect many of the hospital's functions because these new services will increase demand on available resources. Nevertheless, both decisions are technological because they change the means used to carry out normal and usual activities. The basic goals of the organization remain the same.

Adjustive Change

Adjustive change represents changes in organizational goals without changing means. The implementation of a high-risk registry or a program to identify high-risk pregnancies are examples of adjustive changes. In both situations, the technology (i.e., the organizational means used to carry out these functions) already is available within the organization. However,

organizational goals must incorporate a health promotion or prevention orientation. Thus, the change provides a new service by applying available technology.

Adaptive Change

Adaptive change is the extreme form of change. Here, change occurs in the means used to reach the ends and in the ends themselves. Adaptive changes occur infrequently, but when they do they modify overall direction and reflect changes in goals and means. Fiscal collaboration with other hospitals and participating in interagency coordination and planning activities are examples of adaptive changes.

A MODEL OF PROGRAM CHANGE

Most hospital managers and other health professionals pride themselves on their pragmatic orientation. Models or theories about organizations or processes within the organization usually are viewed with great distrust and considered beyond the real world of practice. Yet, many major policy/administrative issues parallel developments in the disciplines of economics, organizational behavior, and political science (Shortell, 1976. Kaluzny and Veney, 1980). In fact, much of our life within organizations is shaped by theories implicitly held by those in authority. As described by John Maynard Keynes (1936):

The ideas of economists and political philosophers, both when they are right and when they are wrong, are more powerful than is commonly understood. Indeed the world is ruled by little else. Practical men who believe themselves to be quite exempt from any intellectual influence usually are the slaves of some

defunct economist (sociologists, psychologists, or political scientists). Madmen in authority who hear voices in the air are distilling their frenzies from some academic scribbler a few years back. (p. 383)

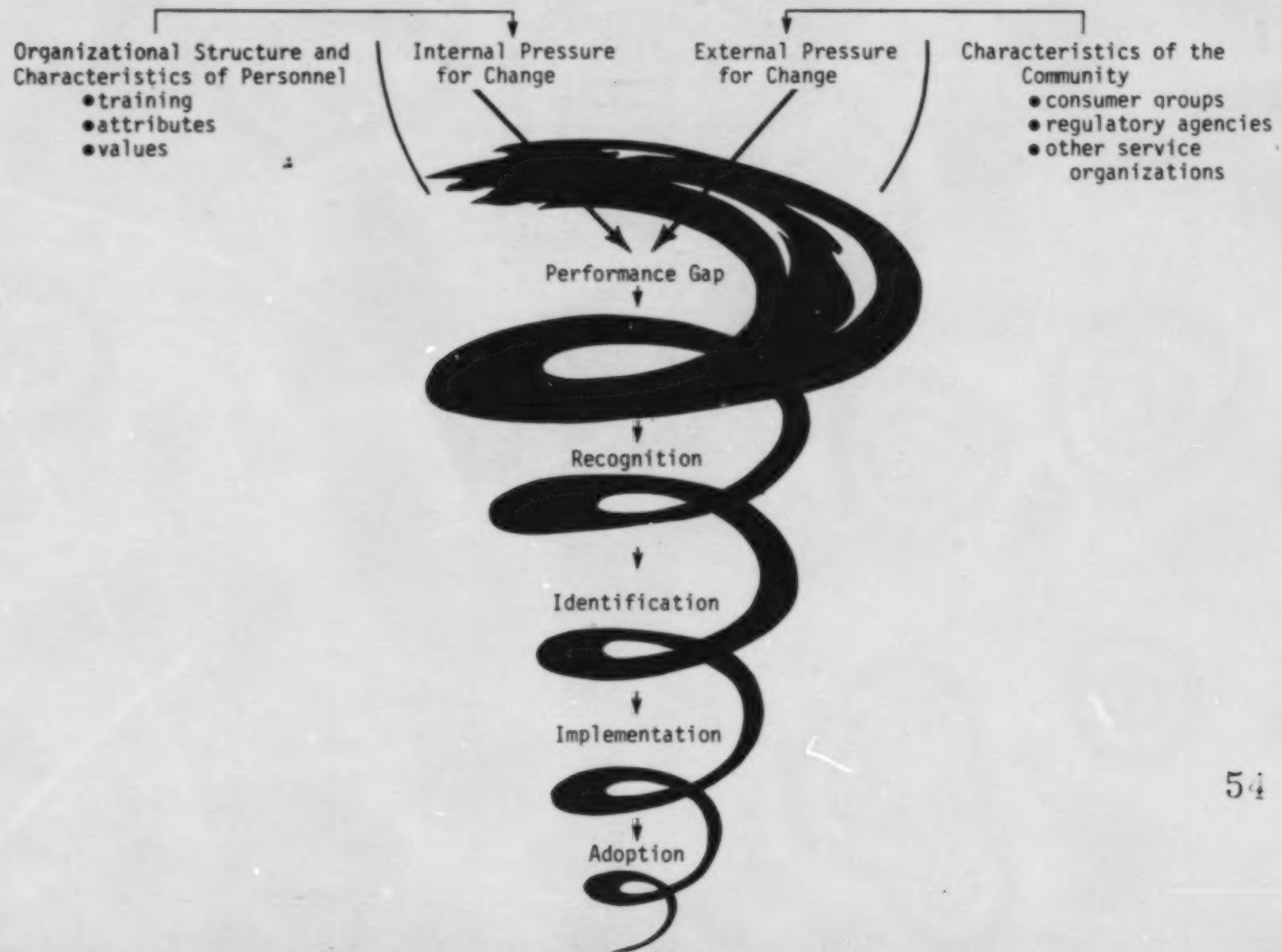
Models, implicit or explicit, provide the basis for action. Explicit models supported by empirical research make it easier to intervene effectively. As the physician requires systematic understanding of human anatomy to diagnose and intervene effectively, individuals attempting program change require systematic understanding of the anatomy and physiology of organizations. Figure 2 describes the basic stages in the change process and identifies factors which may facilitate or impede technical, adjustive, or adaptive change in the various stages.

The first stage is the recognition of a problem by individuals within or outside the organization who see a gap between what the organization is doing and what it should or could be doing. The second phase occurs when decision makers in the organization identify a course of action to narrow the gap between actual and desired performance. The third stage involves the actual implementation of the program within the organization. The final stage, adoption, is the attitudinal and behavioral acceptance of the implemented change by relevant actors within the organization. Several points about the process require special attention.

Stimulus for change occurs during the first stage when a discrepancy is seen between how the organization is performing and how relevant actors think the organization should be performing. This discrepancy creates a performance gap which provides stimulus to initiate corrective action (Downs, 1967). The performance gap becomes a driving force for organizational change and implementation.

Figure 2.

Factors Influencing the Change Process



Each particular type of change has a set of attributes or characteristics that influence various stages of the change process. Understanding of the specific attributes--complexity, compatibility with existing activities, cost, and overall effectiveness of proposed actions--is rudimentary. Moreover, it is important to distinguish between what Downs and Mohr (1976) term the primary and secondary attributes of the proposed change. Primary attributes exist without reference to the specific adopting organization. For example, a financially well-endowed hospital and an organization with no endowment might describe a particular program in the same way. Secondary attributes are interrelated with particular characteristics of the implementing organization. The financially well-endowed hospital might classify the program as relatively inexpensive while the organization with no endowment might classify that program as prohibitively expensive.

A variety of factors influence stages of the change process.* Figure 2 suggests some of these factors. Both internal and external pressures for change affect recognition (the initial stage of the change process). Changing needs and demands of the environment shape the external pressures (they may be generated by consumer groups, regulatory agencies, or other service organizations in the community). Individual characteristics (e.g., level of training, values toward change, the cosmopolitan outlook of organizational personnel) shape internal pressures for change. For example, professionals who keep abreast of developments in their fields have higher expectations for their organizations. This situation can result in a performance gap and recognition for change.

*For a review of factors associated with various stages of the change process, see Zaltman et al, 1973; Hage, 1980; and Greer, 1977.

Characteristics of personnel, some characteristics of the organization, and secondary attributes of the change affect identification (i.e., decision-makers elect a course of action to resolve a recognized problem). Information networks in the overall organizational design particularly are important. For example, the amount physicians travel to professional meetings and the percentage of physicians that hold joint appointments in medical schools were found to be unrelated to innovation. However, level of research activity and amount of resources allocated to bring in outside speakers and send physicians out to learn from others, were predictors of the amount of technological change in the organization (Kimberly, 1978).

At the implementation stage, the design characteristics of the organization and the way they interact with attributes of the proposed change are much more important. The degree of horizontal and vertical differentiation, the availability of slack resources, and the integrating mechanisms determine if a particular program or set of new activities moves from the identification stage to the implementation stage. Moreover, these characteristics appear to interact with attributes of the proposed change and thereby affect the rate of implementation. For example, organizations with a structurally differentiated formal commitment to young handicapped children and their families are likely to implement programs and technology in that area. In essence, the change takes on the characteristic of a technological change rather than an adaptive or adjustive change, and therefore, it is more compatible with the existing structure.

Adoption represents the final stage of the change process, and it is important to emphasize that implementation of the change is not tantamount to ultimate acceptance by personnel. The extent to which adoption occurs depends on the basic design features of the organization, the previous stages of the

change process, and selected sociodemographic and personality characteristics of those involved in the adoption process.

Adoption itself involves degrees of attitude and behavior changes that vary along a continuum from compliance to internalization (Kelman, 1958). Compliance relates to behavioral change that occurs because the individual complies with the change to seek reward or avoid punishment. The ultimate in adoption, however, is internalization. This process occurs when individuals perceive an action as relevant and credible, and they incorporate this action into their own set of values. The challenge to managers is to achieve internalization.

Changes in hospitals and other health-service organizations involve autonomous actors who can decide if the new program or technology will be used after it is implemented by the organization (Roger and Shoemaker, 1971). For example, the adoption of a working relationship between a hospital and various community agencies serving young handicapped children requires implementation (establishment) of the referral mechanisms and actual patient referrals once the mechanisms are available. Many referral arrangements are implemented but later terminated because hospital personnel simply do not refer patients.

The change process may be terminated at any stage. Problems may be recognized and solutions identified but not implemented. Or the organization may be unable to arrive at a solution. Failure to move through the various stages of the change process can be seen as a characteristic of the organization. The decreasing size of the concentric circles in Figure 2 illustrates that many more problems are recognized than solutions identified; of those identified, fewer are implemented and even fewer adopted.

TECHNIQUES AFFECTING THE CHANGE PROCESS

Techniques affecting the change process may be classified into four basic categories (Zaltman and Duncan, 1977): re-education, persuasion, facilitation, and power. Each of these is appropriate under different organizational circumstances and at different stages of the change process.

Re-education

Re-education strategies refer to the unbiased presentation of fact. The approach focuses on individuals in the organization and assumes health-service personnel are rational, capable of discerning facts, and able to adjust their behavior accordingly. The approach does not state a particular course of action for the organization but serves as a source for discussing what the organization is doing and what it should be doing.

° Continuing Education. The accelerating rate of technological and programmatic changes facing hospitals and other health-service organizations increases the need for continuing education as an approach to change. Nursing and medical personnel pursue extensive continuing education programs--the assumption is that personnel that are well trained and up to date in their fields will be able to recognize problems within the organization, identify solutions, and ultimately enhance the performance of the institution.

Though it is difficult to generalize to other occupations, physicians show no consistent association between participation in continuing education programs and the quality of performance (Palmer and Reilly, 1979). The one exception is continuing education programs designed around feedback. Here, studies suggest an improvement in physician performance--at least in the short run (Brown and Uhl, 1970).

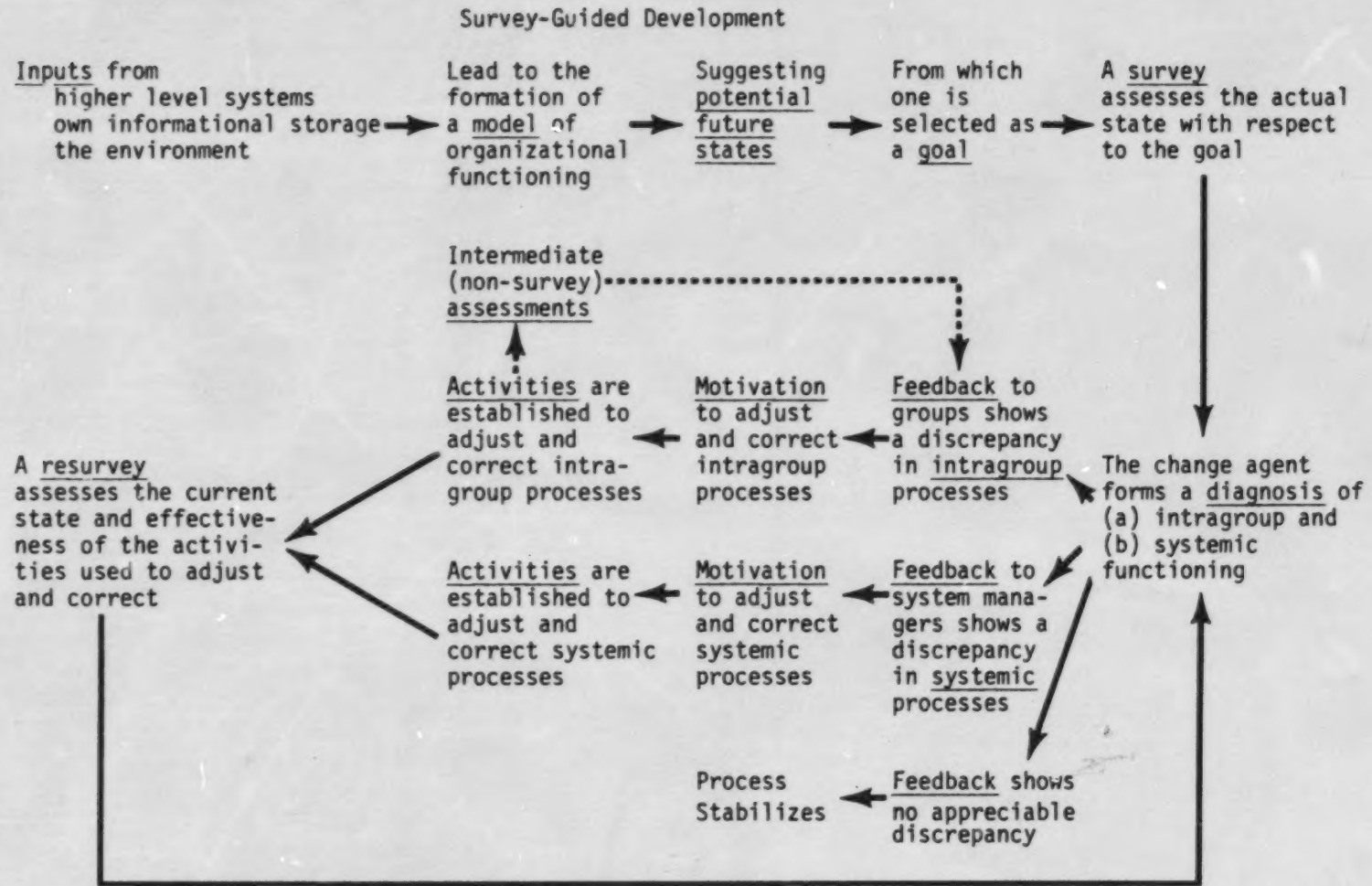
Several reasons may be cited for the limited effect. First, those that tend to participate in these programs often don't need them; less qualified individuals tend to avoid such activities. This leaves the overall organizational performance unchanged. Second, acquisition of new information provides no explicit contrast with the individual's or organization's current actions and, therefore, does not provide stimulus for problem recognition and corrective action.

° Survey Feedback. This approach allows for systematic gathering of data about the operations of the organization. The underlying premise is that one cannot impinge directly on organizational processes (Bowers and Franklin, 1972). Instead, one must work with specific individuals to change behaviors that create ineffective processes. The survey feedback approach gives individuals an opportunity to understand basic organizational problems and to begin to resolve them.

Figure 3 outlines the basic sequence of activities involved in survey-guided development. The idea is to begin the change process by collecting data from detailed questionnaires on the operations of the organization. The results are fed back in tabular form usually to groups of personnel who can explore their meaning and arrive at some corrective action. Data are then collected and reassessed to determine the effect of the corrective action.

The major function of the feedback process is to develop a discrepancy between what the organization is doing and what the organization should be doing and make this discrepancy visible to participants in the organization. Feedback affects behavior in two ways (Nadler, 1977). First, it generates energy and motivates individuals to initiate corrective action. That is, it can provide information inconsistent with existing perceptions. For example, the medical staff of a local community hospital might feel that they provide

Figure 3



Source: D.G. Bowers and J.L. Franklin, 1972.

the highest quality care and effectively communicate with families. Yet, survey data might show a significant number of patients have postoperative infections, and many parents are unsatisfied with their child's care.

Second, feedback directs behavior where motivation already exists. Given the existence of the discrepancy, feedback provides a basis for plans to resolve the discrepancy. Where plans are not available, the feedback data will trigger a search activity to develop plans to resolve the discrepancy at a later time. For example, returning to the case above, the feedback data may provide a solution; that is, an in-service program to improve the quality of care and enhance communication between families and hospital personnel.

Whether feedback actually generates energy or directs behavior depends on identifying factors that affect the ultimate direction of behavior change. Three factors seem particularly important: the characteristics of the feedback data, the characteristics of the feedback process, and the characteristics of the group or the individual task performed. As described by Nadler (1977):

The first factor, feedback data, must be specific enough to get activity, goal setting, or search behavior going in the right direction. The data include some evaluative content--comparisons to standards or past performance. The more accurate the data, the more likely it is to bring about change in desired directions.

The second factor, the process of using feedback data, contains two important issues. The group process and the behavior of leaders (or other powerful individuals) should emphasize participation in using the data, use in a nonpunitive manner, and goal-setting activity. In addition, for feedback to serve as an external motivator, valued rewards must be seen as contingent upon the feedback data. At the same time, connecting rewards to feedback data without developing a constructive and nonpunitive approach for using the feedback can cause defensive behavior.

The third factor is the nature and difficulty of the tasks being performed by the group or individuals. If the level of performance needed to obtain favorable feedback and/or rewards is unattainable, change

in the desired direction may not occur. Similarly, tasks which are not challenging or meaningful (in the absence of external rewards) may be poor targets for motivation by feedback. In group situations, the greater the interdependence, the more emphasis should be put on group feedback and group-level processes to work on feedback. (Nadler, 1977, p. 80)

Persuasion

Persuasion strategies attempt to bring about change through bias in structuring and presenting the message. Here, the focus is on selling an idea based on substantive facts, false information, or manipulation of the individual. These approaches, like the re-education methods, are most appropriate at the early recognition and identification stages or in the final acceptance stage of the change process. At the early stage of implementation, persuasion strategies increase expectations of what can be accomplished through a particular change. This initiates the innovation process. Moreover, by presenting an advocacy position for a particular activity, persuasion strategies increase expectations of what can be accomplished through a particular change. This initiates the innovation process. Moreover, by presenting an advocacy position for a particular activity, persuasion strategies identify a solution to the recognized problems and assure ultimate acceptance.

Most persuasion approaches focus on attitudes of individuals. The objective is to persuade without creating resistance or reaction to the content of the persuasion. Perhaps the biggest problem is that many of the proposed early childhood special education programs have not been evaluated, or their use may be limited to certain types of settings. To facilitate implementation, persuasion strategies often minimize or overlook limitations. Thus, implementation may occur, but ultimate acceptance may not follow when various limitations are revealed.

Facilitation

Facilitation strategies refer to any intervention that makes implementation easier. The use of facilitative strategies assumes that organizations already recognize the problem, agree on a remedial action, are open to external assistance, and are willing to engage in self-help efforts.

Many organizational development methodologies, e.g., process consultation, team building, and providing funds are appropriate facilitative strategies. Each of these helps individuals gain additional insight into themselves or relevant work groups and enhances the overall change process.

° Process Consultation. One way to facilitate the change process is to improve understanding of the personal, interpersonal, and group processes within the organization. A process consultant is an outside consultant who helps selected personnel in the hospital, usually the administrators and their associates, to perceive, understand, and act on events confronting the individual. Process consultation focuses on five areas of organizational activities: communication, role and function of group members, the way groups solve problems and make decisions, development and growth of group norms, and the use of leadership and authority.

The process consultant provides insight to the manager. Remedial solutions can be developed to enhance the overall workings of the organization and facilitate the change process. This approach is accepted and used widely in industry, but documented cases of process consultation in health-service organizations are few.

° Team building. This specific application of process consultation has been applied to health organizations. Hospitals and other health-service organizations are composed of many different working groups or teams. All too

often, these teams are engulfed in conflict, confusion, and ambiguity which inhibit the overall effectiveness of the group and its ability to participate effectively in various stages of the change process. Weiss, Beckard, Rubin, and Kyte (1974):

It is naive to bring together a highly diverse group of people and expect that by calling them a team they will in fact behave as a team. It is ironic indeed to realize that a football team spends forty hours a week practicing teamwork for the two hours on Sunday when their team work really counts. Teams and organizations seldom spend two hours per year practicing when their ability to function as a team counts forty hours per week. (p. 56)

Team building can enhance the overall performance of the work group and can facilitate the change process. The approach is like process consultation, but the primary emphasis is on providing insight to the group rather than to any individual client. Variables critical to the group's operation are assessed and this information is fed back to the group to use to develop plans for resolving identified problems. The underlying assumption is that resolution of these internal problems makes the group more responsive to new program areas and needs.

° Funds. Availability of funds is important. Easy availability provides the slack necessary to avoid making hard decisions and places less strain on the basic structural features of the organization.

Though easy availability of funds obviously will help implement various programs, this situation will not help develop a performance gap or assure acceptance of the change by relevant personnel. In fact, the use of funds as a sole intervention method can hurt the overall change process. For example, if a strategy is based on an imagined need, funds may help implement the strategy, but personnel within the organization probably won't accept it.

Power

Power strategies rely on sanctions or coercion (e.g., license or accreditation requirements). Success depends on the degree the organization depends on the individual or organization that imposes the strategy. Availability of alternatives decreases the effectiveness of the power strategy.

Power strategies are useful particularly when the organization fails to perceive a performance gap and thereby fails to initiate the change process. Power strategies can guarantee implementation, but they do not assure acceptance by relevant actors.

Combined Strategies

The ultimate selection of strategies and specific approaches within each strategy depends on the type of change and the particular stage of the overall change process. Figure 4 illustrates the close relationship between types of strategies and types of changes.

Figure 4

Types of Change and Change Strategies

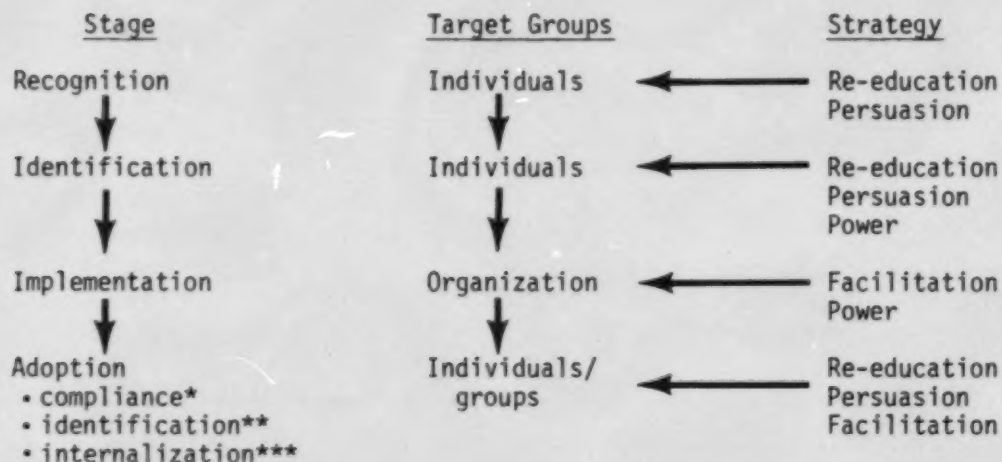
<u>Types of Change</u>	<u>Change Strategies</u>			
	Re-education	Persuasion	Facilitative	Power
Adaptive	Yes	Yes	Yes	Yes
Adjustive	Yes	Yes	Yes	
Technological	Yes	Yes		

SOURCE: Kaluzny et al., 1982.

The use of multiple strategies also requires consideration of the different stages in the implementation process. Figure 5 indicates the

Figure 5

Combined Strategies by Stage and Target Groups



* Implementation but no recognition or identification.

** Implementation and identification but no recognition.

*** Implementation, identification, and recognition.

SOURCE: Kaluzny et al., 1982.

importance of sequence and the target groups involved at each stage. For example, at the recognition and identification stages, change strategies must target individuals rather than the larger organization. Recognition and identification are cognitive activities that can be accomplished only by individuals. Implementation, on the other hand, involves the basic structure of the organization. Achieving implementation without first achieving recognition and identification will fail to sustain the change over time.

Consider the combined effects of power, facilitative, and re-educative strategies in the implementation and adoption of an early childhood special education program. Power strategies could help recruit personnel to meet accreditation guidelines. The recruitment of new types of personnel could affect horizontal lines of communication within the organization and challenge the existing power structure (Hage, 1974). The reallocation of power might place individuals that are knowledgeable of or more sensitive to the performance problem of the organization in a position to initiate corrective action. It is unlikely, however, that particular early childhood special education programs can be implemented without facilitative strategies (e.g., supplemental funds). To assure the acceptance of early childhood special education programs among participating physicians in a hospital, neither facilitative nor power strategies are sufficient. Here, basic re-education efforts are essential.

GENERAL GUIDELINES FOR USING CHANGE STRATEGIES

In most situations, several strategies need to be applied in some sequence to maximize effectiveness and facilitate the implementation process. Follow this set of simple rules for change:

Be sure of facts. This may seem mundane, but many advocates are so absorbed in the uniqueness of their particular program that they fail to gather complete information about the problem and its relationship to the organization. Many health professionals operate with the general assumption that any program that implies risk taking or use of unproven methods is suspect. Acquiring accurate and complete information is a critical first step in the development of a performance gap and the recognition of a problem;

failure to have this information undermines the credibility of the individual. It is important to have specific information about the general nature of the problem and particularly the current status of the target organization. Many issues involved with programmatic change are not understood. So, it often is difficult to present a case in a manner specific enough to generate the necessary performance gap. Nevertheless, every effort should be made to articulate the problem, to recognize the current status of the organization in relation to the problem, and to present accurate alternative interpretations and programmatic efforts.

Be sure of sequence and staging. Accurate diagnosis of the organization's particular stage in the change process will help identify the appropriate change strategy. Failure to diagnose the appropriate stage may block acceptance.

The change process and the implementation of various types of programs and activities are not random. There appears to be a predictable order organizations follow as they attempt to implement health-service programs (Kaluzny et al., 1971). For example, rehabilitation services usually are the first to be provided, followed by mental health services, medical social work services, family planning services, and home health services. Those who capitalize on the basic sequence of implementation facilitate rather than hamper the overall change process.

Build credibility. Individuals who attempt to implement early childhood special education programs frequently fail to develop credibility within their organization before they attempt to implement adaptive and adjustive changes. Without credibility, even the simplest idea or program is challenged.

Credibility is part of an ongoing political process involving the exchange of social debits and credits (i.e., the exchange of information and

assistance in everyday activities) among organizational personnel. These exchanges provide the basis for developing evaluation and providing support for implementation of programmatic changes.

Develop Constituencies. Advocates for programmatic changes tend to believe organizations are composed of a fairly homogenous group of actors. Contrary to expectations, hospitals and health-service organizations in general tend to be a loose collection of coalitions, each with its own dynamic and specific set of priorities (Bucher and Strauss, 1961). Successful change strategies take advantage of shifting coalitions to instill ideas within groups of people who will be responsive to that idea. Thus, it becomes the primary responsibility of these various coalitions rather than a particular individual to present, advocate, and support certain program innovations. Within hospitals, it is particularly important to gain the support of physician coalitions and to recruit them as advocates.

Design Programs to Reduce Dependency. The more outside individuals that are involved in any particular program area, the more likely the program is to encounter various difficulties at all stages of the change process. This is not to say that other individuals should not participate in decision making, but only that the program should be introduced in a developmental fashion that will reduce the amount of red tape developing activities usually encounter. Sensitive packaging of programmatic innovations minimizes the overall impact on the basic structure of the organization and increases the likelihood that the program will flow logically through the various stages of the process.

Use Behavior in Accordance with Medical Expectation. Hospitals and other health facilities are dominated by physicians. Physicians interact and expect others to interact in accordance with the medical model; that is, the patient presents a problem and the physician attempts to diagnose and resolve the problem (Rubin et al., 1974). There may be some consultation, but generally

the diagnosis and treatment is not participatory with patient and physician mutually arriving at a course of action. Individuals proposing innovation should conform to this model.

CONCLUSION

Administrators and other individuals seeking to implement early childhood special education services and programs in health-care institutions need to consider the kind of change they are planning and to select the most appropriate strategies for the particular situation. Clearly, implementing change presents a challenge. Yet, understanding the change process coupled with a skillful application of various strategies will help implement services and programs and enhance an organization's ability to meet the needs of the community.

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Chapter 5

THE STATE EDUCATION AGENCY AND THE CHANGE PROCESS

by

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INTRODUCTION

The actions of state government shape the services provided to young handicapped children and their families. The state education agency (SEA), with assistance from the state board, legislature, courts, and the Governor's office, maintains control over policies and programs affecting special-needs populations. A lead actor in the decision-making process, the SEA wields considerable power. Effective, planned change at the state level can influence significantly the quantity and quality of services to handicapped populations.

This chapter will present an overview of the SEA's role and influence in this area and outline some strategies for effecting change in state government. Change agents must understand the unique elements of this particular environment in order to plan and intervene appropriately and with impact.

BRIEF HISTORY

An array of historical, political, and ideological dynamics shape each SEA's influence over educational policy and programming. A successful change agent must recognize the state agency's current place in its operational evolution and understand its organization. This section presents a brief overview of the development of SEAs nationally and discusses historical factors that affect the range and scope of their influence.

Prior to 1965, most SEAs had minimal impact on local schools. In that year, the Elementary and Secondary Education Act became law, and the SEAs assumed responsibility for administering the multitude of new federally

legislated programs. The federal government also provided fiscal support, through Title V, for the state agencies to direct these programs. Over the next ten years, the programs were institutionalized throughout the country, and the power of the SEA increased dramatically.

The complexity of the SEA's organizational structure increased along with its power and operating budget. Most states adopted a categorical structure that reflected the federal division of programs and staff. These categorical units often evolved into semi-independent areas within a decentralized SEA. In time, these units developed special relationships to counterparts at the local level. And, the general public left policy decisions to the educators.

In the mid-1970s, other political and legal forces exerted pressure on the SEA and began to shape educational policy according to the new national problems of fiscal austerity, increased services to the handicapped, and declining test scores. Local education agencies, confronted with a barrage of new issues such as busing, consolidation, and eroding tax bases, increased their dependence on the SEAs. Expertise in education as a criterion for decision making became strained, and shifts in power emerged.

The new pressures also affected the categorical, decentralized structure of the SEAs. Since those pressures crossed all content lines, officials in many SEAs attempted to cross knit the semi-independent areas with general functions such as dissemination, evaluation, research, and general school improvement services. Some SEAs developed direct relationships with local education agencies through regional sub-units and intermediate agencies staffed by generalists who linked all SEA services and resources with local priorities.

Figure 1 shows the range of forces that influence the SEA. In turn, the state agency exerts its pressures on the local education agencies which ultimately design and deliver actual services to children.

Change agents must understand and respect the organization and existing norms of the SEA and its surroundings, and they must appreciate the creative tension common between the SEA and the local education agency (LEA).

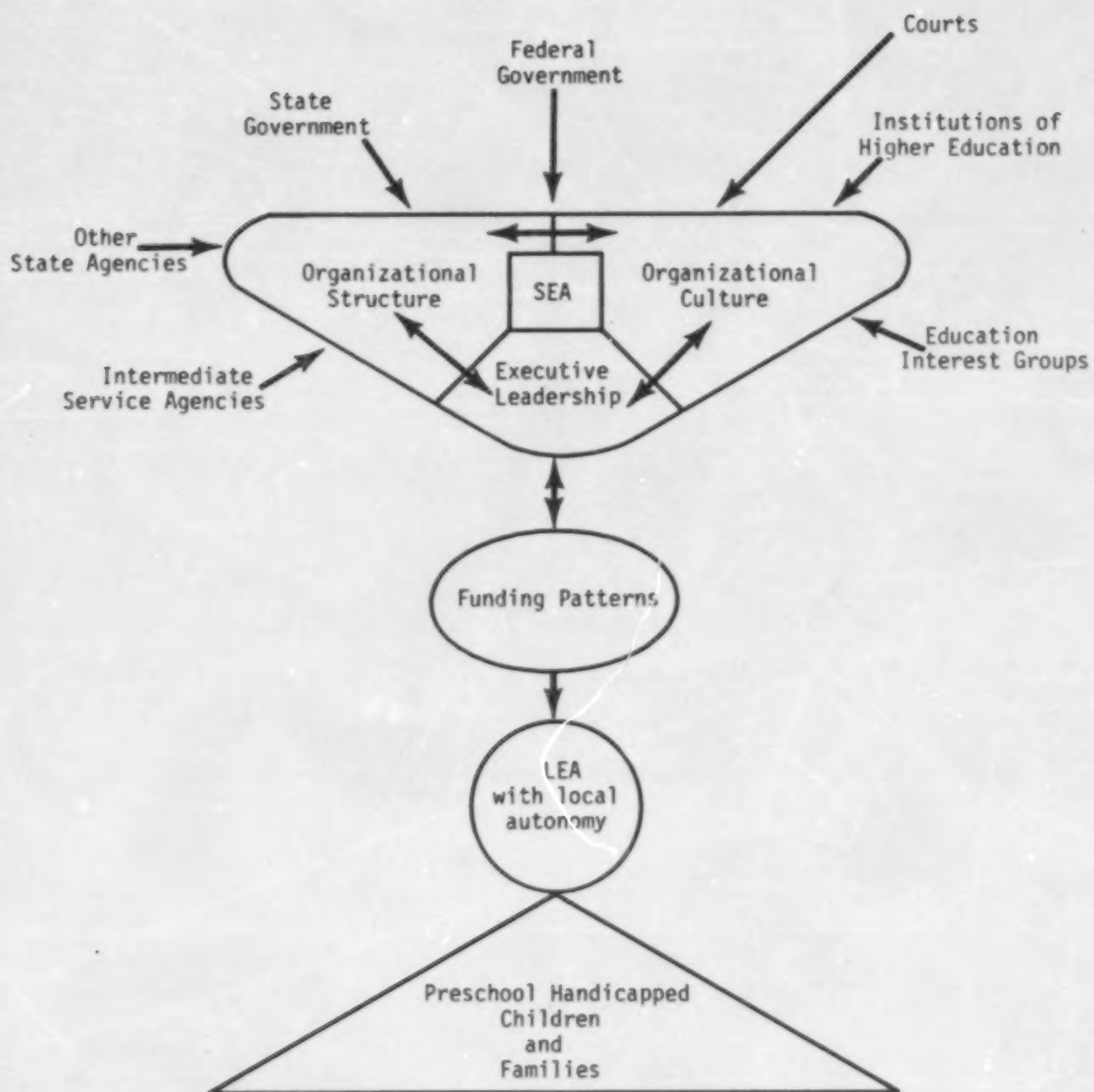
THE SEA'S ROLES AND STRATEGIES FOR INFLUENCING CHANGE

Organization

The change agent must understand the SEA's organization to recognize how decisions are made and how to affect them. The climate is determined by a number of factors: the SEA's standard operating procedures, the relationships between various divisions within the organization (i.e., fiscal versus programmatic divisions), the powers and constraints of different positions within the organization, and the personal views and philosophies of major actors. When the area of concern is a new one--such as services to preschool handicapped children, a population traditionally not served by local schools or the state agency--these forces become particularly influential.

Large organizations function according to standard operating procedures that often are inadequate or slow to respond to new concerns. The locus of control varies and depends on the particular configuration of power bases in the state and the influence of traditional role definitions. For example, an elected chief state school officer, the highest position in the SEA hierarchy, often will reflect the desires of his or her particular political constituency. That constituency is the public in some states; the board of

Figure 1
Forces Affecting the Role of the
State Education Agency



education in others. Thus, the change agent must identify strategies to impact on the various power bases.

An actor both affects and is affected by the organization in which he or she works. The saying "Where you stand depends on where you sit" can have real meaning in a bureaucracy. Position defines what actors can and must do. Individual experience, philosophy, and personality determine how the actor uses the position.

For example, state directors of special education that see value in early intervention can direct funds to support early childhood activities and the establishment of regulations to assure quality services for young handicapped children. Inside the SEA, these leaders can provide staff and allow that staff to participate in leadership and policy planning, provide personal endorsement to early childhood policy and program guidelines, and provide a clear internal mandate that early childhood is a high priority issue and that activities and programs be expedited. This internal role is essential when a program or area is new or has had a previously low profile or priority.

Complementing this internal role is an external role for state directors. Effective SEA leaders can issue public statements in support of early childhood services, guide the development of regulations and guidelines for local schools, and coordinate with institutions of higher education to design responsive early childhood special education training programs.

Clearly, diverse SEA roles and leadership are needed to address such key issues:

- ° Identifying young children that need special services;

- Coordinating services across agencies to develop a continuum of services for children birth to school age;
- Establishing teacher certification for early childhood;
- Developing program guidelines for a "least restrictive environment"

STATE/LOCAL RELATIONSHIP

To influence local practices through the state agency, it is essential to understand your particular state/local relationship. This relationship is shaped by the SEA roles of regulation, monitoring, and fiscal administration.

Regulation

SEAs interpret the scope of state mandates and develop regulations in order to implement mandates at the local level. The SEA establishes levels of activity, defines the processes for the implementation of services, and establishes operating procedures such as class size and certification requirements. The development and implementation of SEA regulations define much of the state/local relationship. This process of developing regulations, therefore, is a target for change. Know your state's mandates and how they are implemented.

Monitoring

The SEA must monitor local school systems to determine if they are adhering to regulations. Change agents must assess the power of the state's monitoring role and determine the existing state/local relationship's effect on services to preschool handicapped children.

An effective monitoring system must be:

- ° Systematic and conclusive--All local systems know they will be monitored.
- ° Active--The State takes the initiative; action does not rely on complaints from parents or advocacy groups.
- ° Consequential--Consequences (usually to funding) are felt by schools that do not comply with regulations.

Fiscal Administration

Each state determines allocation of educational dollars. The degree to which local education agencies depend on the state for financial support helps shape the nature of their relationship. Local education agencies heavily funded through local budgets may resist the state's guidance and assistance.

State agencies administer the funds allocated through P.L. 94-142, Part B. Seventy-five percent of these dollars flow through to the local school system. Some state agencies establish priority areas for local use of the funds. In this case, early intervention advocates should work to ensure that preschool handicapped programs are included on this priority list. States have the discretion to use the remaining 25 percent for training, program development, and staff development. For example, some states can use the dollars retained at the state level to support special education concerns such as child search, low-incidence preschool populations, and bilingual/multicultural populations. Preschool Incentive Grant funds (section 619 of P.L. 94-142) also support services to young children. States may flow the funds through to the local level, or they may choose to fund model service projects or technical assistance programs. Another resource is Part D of P.L. 94-142 for special education training. Each state must develop a proposal for this

discretionary source of funds, and if awarded, funds may be used to coordinate training activities or to provide direct training to teachers, parents, and other professionals.

Some SEAs play a passive bookkeeping role and simply pass state and federal funds through to local school systems. An active SEA will develop technical assistance, support, and dissemination programs and will generate new program development opportunities. The effective change agent will support the active role for his or her SEA--these kinds of activities give the state more opportunity to influence services at the local level.

An important factor that shapes the state/local relationship is the tradition of local autonomy. The range of state involvement in setting policy and directing educational programming depends on the degree of local demand for control over schools. The demand is measured by custom, limited by law, and tempered by fiscal dependence.

RELATED AREAS TO DIRECT CHANGE EFFORTS

Change advocates must direct some of their energies toward other groups and agencies. Some of these are highlighted below with suggestions for involvement strategies.

Other Public Agencies

Public agencies other than state and local education agencies provide services to children with special needs (e.g., health, mental retardation, developmental disabilities, Head Start, and day care). Each of these agencies is governed by different federal and state laws and regulations, and each is funded through different channels.

Planners and deliverers of services to specific populations should develop interagency agreements to coordinate and maximize efforts. Present political and economic conditions and attitudes emphasize the need for cost-saving measures in the area of human services.

Intermediate service agencies (ISA) exist in many states. Three general types are: regional extensions of the SEA; semi-independent service units with their own taxing authority and governing boards; and cooperatives and consortia formed by contiguous districts to provide cost-effective special services. Organizational procedures vary, but ISAs often are granted some sort of autonomy over usual state and federal sources. These decentralized agencies, often physically and philosophically close to school-based services, often are more responsive to change than are state or federal bureaucracies. Suggestions for policy changes can be channeled by advocates through ISA advisory boards.

Advisory Boards

Advisory groups provide an opportunity for advocacy and professional networks to develop and advise various state agencies. Change agents should seek representation on existing groups. If there are no advisory councils organized by the state agency, change agents can invite the appropriate state personnel to participate in a consortium. The result will be the same: communication with people in decision-making positions.

Advocates

Inviting people to visit programs, see the children, and meet the staff and parents can be an effective strategy to recruit advocates for early

childhood special education. A front-row position often can do more than any amount of reporting on research about the efficacy of early intervention.

Public Hearings

Public hearings provide an opportunity for parents or other advocates to react to proposed regulations and make suggestions for change. Since local and state administrators in general do respond to public pressure, change agents need to organize large and vocal shows of support for issues of particular concern.

These hearings also provide a unique opportunity for change agents to comment on the whole range of special education services provided in their state. Again, groups that demonstrate widespread support for their particular concern can have an impact on policy.

CONCLUSION

Preschool children with special needs are a new client group for the public schools. Development of services for this population requires creative and active involvement of educators, parents, and a variety of health and social service agencies.

Though their influence is often overlooked, state education agencies hold considerable power over design and delivery of services for young handicapped children. This pivotal role represents an appropriate locus for change efforts.

Effective change efforts at the state level can influence the quality and quantity of services provided at the local level. And, as the role of the SEA

changes in response to political shifts, its influence changes as well. Advocates must ground their strategies for change on an understanding of the dynamics of state government and the roles played by the state education agency.

Chapter 6

Strategies for Change at Institutions of Higher Education

by

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This chapter is about change in institutions of higher education. For a variety of reasons, universities and colleges traditionally have been considered unresponsive to attempts at change. Perhaps a strong belief in the importance of positive change on behalf of young handicapped children and their families can alter this situation. The following pages present a background to the situation, a systematic framework for positive change, and varying successful strategies for accomplishment.

BACKGROUND

Institutions of higher education (IHEs) share these characteristics with other institutions: a rigid structure, hierarchical arrangements, bureaucratic procedures, rules and regulations, gatekeeping policies, and professional competition.

Departmentalization is one striking feature of IHEs. Units are organized along definite lines: each department, division, or college is semiautonomous (a leader reports directly to a supervisor). This linear arrangement can have both positive and negative effects on early childhood special education issues and concerns.

In many universities, special education is taught in its own department; in some it is combined with a regular education department or a health services unit. Early childhood departments most often are located in a home economics unit that usually includes a defined curriculum related to families (i.e., family and child services or sciences). Seldom are early childhood and special education units combined.

The framework for special education tends to be educational; focus is on curricula, methods, and materials. The framework for early childhood tends to be developmental and focuses on relationships and support systems. Undergraduate and graduate students enrolled in a joint curriculum often must wend their way geographically and intellectually across campus and philosophy to complete their program. And other units offering relevant coursework are scattered further. This is, perhaps, the most pervasive issue of all--that there is no place in many universities for the program of early childhood special education.

Finally, faculty and students in early childhood and special education tend to be undervalued by decision makers in IHEs. Faculty often are not considered scholars or researchers; their journals are not considered "prestigious." Student enrollments are decreasing--university administrators often are unsupportive of those who choose this nonlucrative profession.

Still, those who chose to work in this area are admired and respected by young handicapped children and their families. And that is a beginning.

PLANNING FOR CHANGE

Change has a tendency to make us anxious and pessimistic, but it is frequently from change that our most innovative and effective programs arise. (Bowman, 1981, p. 49.)

It is critical to have a particular outcome clearly in mind. Without a well-defined outcome, some changes may be introduced, but the outcome may stay the same.

The purpose of the remainder of this chapter is neither to define nor advocate for particular outcomes. Rather the intention is to assist those who

already have outcomes in mind by describing specific strategies which may have positive results within a university setting.

There are at least three processes that must be addressed to plan change in the direction of a particular outcome: core group establishment and maintenance, strategic planning (Greene, 1980), and supported implementation.

Core Group Establishment

A group of advocates appears to be necessary to implement innovations (Swan, 1980; Orlich, 1979). The group should represent a broad range of disciplines. However, it is important that at least some of the members function in roles that connect directly to the desired outcomes. For example, if the group wants to change university curricula, at least one member should have an influential role in curricula decision making at that particular university.

Group size depends on the desired outcomes. If the outcomes are many and diverse, a large group of advocates with many influential members might be helpful. If the intended outcomes are less grandiose, a smaller group might be more productive. Since any group can be reconstituted, size can change with the situation.

Example: A university-based project with large-scale intended outcomes generated a list of 45 influential individuals from several university departments, the community, public schools, nursery schools, day-care centers, families, state legislature, state educational and social services agencies, and advocacy coalitions. Each member was to have at least two connections to specific outcomes. All 45 were contacted, and the role they were expected to play was explained carefully. Forty-three agreed to join the group; the remaining two suggested appropriate replacements (Carlson, 1979).

The situation described above reflects careful planning and implementing; the guidelines and rationale used to create this core group are worth sharing.

- ° Look for flexibility and adaptability. These personal characteristics along with openness and a willingness to take risks may be observed in a variety of situations. In fact, networks of people who share these characteristics often exist on an informal basis.

- ° Contact those who care about young children or the handicapped. This often is difficult to discern in professional situations. There are unobtrusive ways to assess this situation (sometimes a telling artwork or family picture hangs on the office wall), though often it is easier during nonprofessional hours (e.g., observe who volunteers for the March of Dimes Telethon or participates on the Board of Easter Seal, etc.).

- ° Contact individuals who work well with different people and with each other. An impossible situation may evolve if members with wildly divergent views cannot sit down at a conference table and compromise philosophy or ideas.

- ° Draw membership from within and outside the IHE (applicable only in certain situations). In a university setting, where practical issues sometimes are not explored, a combination of theoretical and practical perspectives may be useful.

Example: A group of university professors on a federally funded project offered to conduct an in-service program for teachers at several local day-care centers. The professors wanted to conduct the three-hour session during the day. The administrators of the centers said there was no way the teachers could be released--there wasn't enough money to pay for substitute teachers. However, they did manage to reach a mutually beneficial compromise. Since the centers had promised to hold a parent development program, an evening session (compressed to two hours) was provided to both parents

and teachers. A potluck dinner preceded the program, and university students majoring in special education provided child care. It is difficult to decide who learned the most--parents, professors, or students.

- ° Include those with power (applicable only in certain situations).

Power in an IHE may stem from position or function. If a group wants to use a campus building, it is essential to know who to contact. And, it would be nice to have a key person from the group actually do the contacting. In universities, it also is critical to note status; a group of assistant professors will not enjoy as much status as a group of full professors--no matter how well either group functions.

- ° Include some members who are persuasively articulate (applicable only in certain situations). On occasion, the group may need a spokesperson. If that person is articulate and persuasive, he or she may do more for the group's ultimate outcome than any other process or procedure. And, the message doesn't have to come from a power figure, as long as the power is represented. Persuasive messages often are delivered by articulate parents. Those with harsh or strident voices or those with an adversarial message might want to refrain from speaking.

The actual function of a core advocacy group will vary from situation to situation, but at the very least, the group should be concerned with strategic planning.

Strategic Planning

Think systematically and explicitly about means and ends. Typically, strategic planning includes the recognition of a need, an assessment of resources and constraints, and a careful evaluation of alternative courses of action. (Greene, 1980, p. 15.)

There are at least four evolving aspects to strategic planning: analyze needs, assess strengths, offer alternatives, and coordinate through cooperative efforts.

° Analyze needs. Since most public and some private IHEs are linked to state government, a clear picture of real and perceived needs and priorities of the state is extremely helpful. (A state plan is required under current federal legislation--Duncan, 1980.) If a state department of education puts highest priority on in-service education for regular classroom teachers, it may be a waste of time and effort to plan a hospital-based program for parents of handicapped children. On the other hand, needs and priorities of other state departments (social services, mental or public health, etc.) might be explored.

The needs of IHEs and the local community also must be explored. Your group may think it important to serve autistic children, but if there are no such children locally and if the university does not have an educational program for students majoring in the field, the idea will not be readily accepted.

Real as opposed to perceived needs must be considered. Any person who offers input in regard to needs offers a perception--their perception. To separate reality from the perception of reality, collect a large amount of information from a large number of individuals. Then put it together perhaps with the help of a few flexible members of the core group. On the other hand, a good argument can be made that often the perception is the reality. Perhaps the approach can be determined locally.

° Assess strengths. As a general rule, current attitudinal and

financial constraints on universities indicate it probably is wiser to build a program or idea on what already exists than to attempt something never before done--no matter how good the idea. (Something totally new can be called a "pilot program"; the phrase may be less threatening.)

Strengths may take many forms: a close and continuing link between the IHE and local schools, a bright innovative faculty member who draws large numbers of students, an operational child development laboratory situation, an outpatient clinic on campus, an interdisciplinary research program, a versatile printing facility, or an extensive computer or research design operation.

Any of the above factors also might act as a restraint if they are draining the IHE's resources. Restraints may be ironic: one university had a fantastic diagnostic facility located in the middle of campus. Unfortunately, nearby parking was impossible, and most parents were not eager to force their young handicapped child to walk a mile at the end of a long school day.

° Offer alternatives. It is vital to offer choices. And involving participants in the choice process can deter negative outcomes; for one, a program may be sabotaged by those who feel they were not involved in decision making. In the long run, encouraging or allowing participation usually is productive (Bennis, 1966).

The content of the alternatives is another matter. Usually, alternatives are based on function. However, function may overlap context, e.g., a diagnostic facility may also serve as a research base and a demonstration facility. Keep in mind that IHEs tend to provide support to programs and ideas that serve more than one purpose. (Successful grantwriters at the university level usually describe four or five university-related purposes/

functions for each project.)

° Coordinate through cooperative efforts. According to the Rand study (Berman and McLaughlin, 1975) a collaborative planning style is vital to both short-and long-term success of a change effort. Nadler, Merron, and Friedel (1981) list these factors related to collaborative efforts between IHEs, state departments, and school districts: open communication, access to information, knowledge about the change process, sufficient planning time, participative planning, summative and formative evaluation, the qualifications of change agents, university adaptability, and recognition of individual and group efforts. The interested planner will find in this chapter's bibliography sufficient references to build an adequate knowledge base.

The processes of teaming and proposal writing are particularly effective illustrations of coordination and cooperation within a particular situation. Participation in either or both processes will help bring about change, regardless of any other intended or unintended outcomes.

Seldom can we find one person who has all the knowledge and experience necessary to plan and implement particular programs or projects. A team combines and integrates individual strengths. Regular and special education teachers often team to take better advantage of instructional systems (Sargent, Swartzbaugh, and Sherman, 1981). Two faculty members may decide to become co-principal investigators on a specific project. Teaming as a process offers many advantages.

When the time comes to start writing proposals, find someone who is knowledgeable about the process and has fun doing it. This person will make everyone's job easier. The process can bring together people from many disciplines and agencies. Some may try their hand at writing, others may gather letters of support, still others may become fixtures at the typewriter.

Writing proposals can be viewed as a chance for different individuals to share perspectives, to create a written plan for a viable project, and to have fun.

Become comfortable with the word "draft," and circulate written documents widely. In one university setting, the janitor was consulted about a proposal involving infant care--infants require diapers, diapers require disposal, and disposal requires a janitor.

Supported Implementation

Planners and implementors of the change process may want to use Hersey and Blanchard's (1972) four levels: knowledge changes, attitudinal changes, individual behavioral changes, and group or organizational performance changes. Knowledge changes (level 1) are the easiest to effect; organizational performance changes (level 4) are the most difficult.

The most important ingredient in the recipe for positive change is the people that serve as catalysts. A system's move from knowledge change in individuals to institutional change requires a special type of person for a very interesting function--the boundary crossing role.

Greene (1980) discusses the crucial role of individuals who bridge gaps between institutional boundaries. Often the boundaries are between regular and special education or between early childhood and special education. The boundaries exist, certainly, between many different areas of interest. To create change in IHEs, boundary crossing must take place. The boundary crosser is a change agent (Rogers and Shoemaker, 1971).

The boundary crosser must be a skilled negotiator, a champion of open communication, and a facilitator of a free exchange of perspectives. And the individual must be credible--to all involved. Specific credentials are necessary but not sufficient. Far more important are the personal qualities

that the individual brings to the boundary crossing role.

An effective change agent must have a strong sense of self, because in the process of being all things to all people, the self has a tendency to get lost. A good sense of humor helps and often is derived from a generalist's perspective. Genuine openness, flexibility, adaptability, and empathy are critical.

Negotiators must maintain a nonthreatening manner. Change is difficult and thus threatening to many people; it fosters fear of the unknown. Helping individuals and organizations to cope, while accepting their strengths and limitations, is critical.

Not everyone can function as a boundary crosser. In fact, probably very few can do it effectively, and hardly anyone can function in this role indefinitely. But the role is essential, especially in IHEs.

SUMMARY AND RECOMMENDATIONS

Planning for change in IHEs is an interesting challenge. There are a few guidelines, and they have been presented. Of particular interest are: establishing and maintaining a core group of planners; carefully and strategically analyzing needs, assessing strengths, offering alternatives, and coordinating through cooperative efforts; and finally, implementing change by involving individuals with very special qualities in the role of boundary crosser.

The following specific areas may help you identify a target for change.

Diagnostic and Treatment Services

Since many school districts already provide diagnostic and treatment services, a program offered through an IHE would need to augment or strengthen

an existing program or offer a totally new approach. Anastasiow (1981) discusses two directions: broad-base screening and family centers. A comprehensive, multidisciplinary effort led by university specialists would certainly be a viable idea for either area.

Degree Programs

Offer a curriculum to undergraduate students that emphasizes the multidisciplinary aspects of the field of early childhood special education (Anastasiow, 1981). Additionally, you may wish to build a degree program between the disparate departments of Early Childhood Education (or Child Development) and Special Education. The program could model the benefits of cooperation. And, graduates of this type of program would be able to adapt to a variety of settings.

In-Service Education

Professionals are aware of their own educational needs and are willing to participate in the processes of learning and changing. However, they are not eager to renew the role of passive learner. Proceed cautiously. Though some university personnel have lost contact with young handicapped children and their families, many have found a renewal of spirit from sitting on the floor during circle time, holding and helping a young child with cerebral palsy, or taking the hand of a blind child. University and field personnel benefit from in-service education.

Research

Quality research by coordinated, transdisciplinary teams is needed desperately, and IHEs typically place a high priority on research; more so than in the field (Cooper & Marshall, 1976; Weiskopf, 1980). Take advantage

of a university's support systems for research--extensive libraries, computer facilities, research design and analysis consultation, etc. Large-scale research programs also attract high-quality individuals at the graduate, intern, and post-doctoral level.

Evaluation

School districts and agencies usually have a plan that includes evaluation, and quite often they accept help from university faculty and staff. A university administration may appreciate a sound evaluation system that can be generalized--and that is often the bottom line.

Demonstration

Federal money has been available for demonstration projects through sources such as the U.S. Department of Education's Handicapped Children's Early Education Program (HCEEP). Questions of logistics and liability must be addressed in the planning stages.

Dissemination

Send a copy of any disseminated document to university administrators and faculty with a personal cover letter describing benefits for the university (e.g., degree programs outlined, relevant courses mentioned, in-service training for credit included, etc.). Keep the goal in mind, i.e., to help improve services to young handicapped children and their families.

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Chapter 7

PLANNING FOR DISSEMINATION

by

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INTRODUCTION

The effective transfer of knowledge from one person or agency to another is an instance of innovation, adoption, and diffusion. As knowledge and its use diffuse through a population, social change may occur. Thus, many instances of intended knowledge utilization are instances of planned social change. (Zaltman, 1979, p. 84)

Many federal, state, and locally sponsored projects are charged with developing, documenting, demonstrating, disseminating, and institutionalizing innovative educational practices, ideas, products or programs (PIPP). Notable examples of federal seed money efforts are the Handicapped Children's Early Education Program (HCEEP), the Teacher Corps, the National Diffusion Network, the Developmental Disabilities Program, the Basic Skills Demonstration Program, the Bilingual Education Demonstration Program, and the Handicapped Children's Model Demonstration Program. Agencies in the U.S. Departments of Education and Health and Human Services administer these efforts and aim to develop worthwhile PIPPs for other personnel and organizations to adopt or adapt.

Change efforts of these and other projects are marked by diversity of content, client populations, and activities. Some projects strive to develop local interagency agreements to foster integration of various human services for adults; some help professionals adopt curricula for use with youngsters with special needs; some hope to replicate all or parts of programs in local education agencies; and some engage in statewide planning through state departments of education. These projects all are charged with evaluating the results of their demonstration efforts--however diverse; documenting experiences; and persuading others to adopt, maintain, or adapt all or part of their demonstration project.

This chapter aims to assist educational administrators and practitioners, policy makers, and students of the change process to plan and implement dissemination efforts to foster positive change on behalf of young handicapped children. To help accomplish this goal, readers are offered a definition of dissemination and a framework outlining in phases the user's decision-making process. Next, recommendations for constructing an action plan are included. Finally, suggestions are outlined for implementing the action plan, paying close attention to various roles associated with it. The reader must interpret this chapter from the perspective of his or her own organization's dissemination desires and in terms of its ecological elements (the setting, audience, the product of change, and the disseminator himself or herself).

This author requests that the reader take into account the sources of information that influenced the writing of this chapter. First, the content relies heavily on the author's ten years of experience working with demonstration projects that disseminate as a primary mission. Second, the chapter reflects a mix of ideas and experiences that demonstration project personnel have over the year shared with this author. Finally, the material draws on supportive research and descriptive literature.

EMBRACE A DEFINITION AND FRAMEWORK

Educational program personnel that attempt to institutionalize change, regardless of content, clients, activities, or other goals, must embrace a definition of dissemination. And they must adhere to some basic considerations in order to help others acquire and effectively use a PIPP. A firm definition often helps disseminators channel their strategies with change activities already in motion in the community (Balderidge, 1980). Furthermore,

a definition can be used as a guidepost to assess the depth and quality of the desired change and the speed at which changes are necessary.

A Definition of Dissemination

Dissemination is a complex, dynamic, planned process of exporting an identifiable PIPP to a particular user. The user may adopt the PIPP as is or adapt it to needs of its own clientele.

Four assumptions underly this definition of dissemination. First: the disseminator has developed a PIPP that merits exportation. Second: the PIPP can be integrated into the community landscape of educational services. Third: dissemination relies heavily on a communication perspective (see Figure 1). Fourth: dissemination is deliberate and rational rather than accidental.

The disseminator must plan to have adequate resources to deliver the PIPP and elicit a positive response and commitment from the audience; after all, the potential user can accept or reject all or some of the PIPP.

Know Your PIPP

First and foremost, a disseminator must have a PIPP. Figure 2 provides a number of examples.

The disseminator must be able to resolve questions that targetted users (e.g., classroom teachers, supervisors, agency directors, assistant superintendents, specialists) may have about the PIPP. Questions might include:

- ° What makes your PIPP good?
- ° How does it benefit children, families, service providers, decision makers, and others?

Figure 1

A Communication Perspective:
Some Factors for Consideration

- ▶ UNDER WHAT AUTHORITY? What sanctions or approvals can the disseminator initiate?
- ▶ CAN SOMEONE? Who in the demonstration project will serve as the disseminator(s)?
- ▶ WITH WHAT PURPOSE? Will the project inform? Energize? Change attitudes?
- ▶ SAY WHAT? What is the product, idea, practice, or program component to be disseminated?
- ▶ TO WHOM? Who is the target audience?
- ▶ IN WHAT SITUATION OR CONTEXT? Where will dissemination occur—what social setting, social network, organizational milieu, or combination?
- ▶ WHEN? Must the dissemination effort take place in a particular time frame?
- ▶ THROUGH WHICH DELIVERY MANNER? What mix of strategies will be used?
- ▶ AND, WITH WHAT EFFECT AND FEEDBACK? What outcomes can be documented and what feedback will the users provide?

Figure 2

PIPP Examples

Products

- Training package for using microcomputers for basic skills
- Checklist of desirable teaching behaviors
- Diagnostic instrument
- Book containing synthesis of research for classroom teachers

Ideas

- Provide educational services to young handicapped children as early in their lives as possible
- Promote cultural pluralism in classrooms
- Involve parents in making decisions about their child's curriculum, class placement, etc.
- Implement procedures for integrating handicapped and nonhandicapped students

Practices

- Sequence of activities to teach a particular concept to illiterate adults
- Series of intensive experiences to instruct parents in toilet training
- Strategies for identifying handicapped school-age children in urban areas
- Teaching volunteers appropriate behaviors for home visits

Programs

- An entire educational intervention program designed to serve a specific population in a particular manner
- Selected components of a program

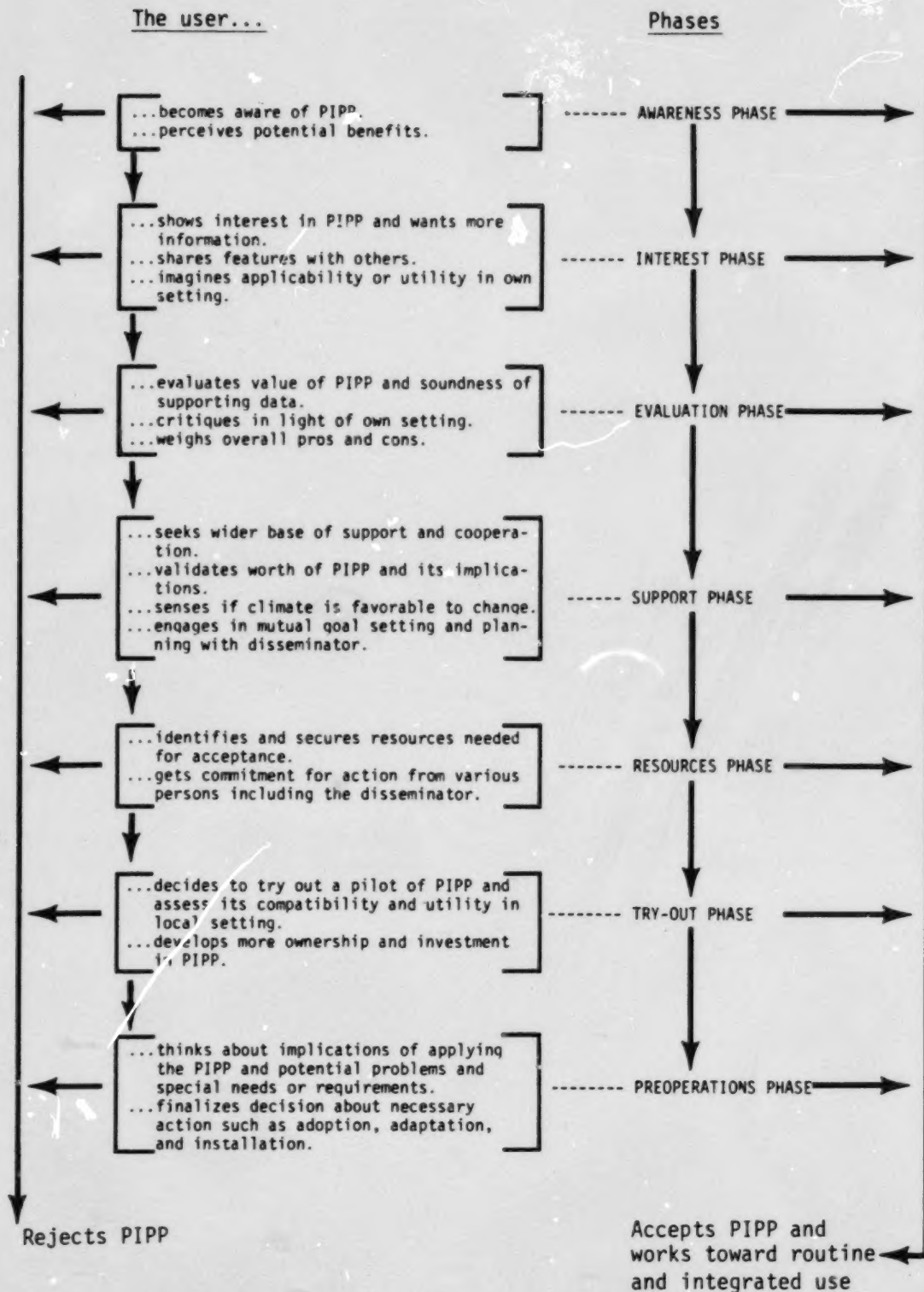
- Does your PIPP have an advantage over others?
- Are there administrative modifications to be made if it is adopted or adapted?
- What are the costs?
- What physical facilities are necessary?
- Is the PIPP compatible with our values?
- Is it alright to modify the PIPP to fit our clients, environment, etc.?
- Will our community support and sanction your PIPP?
- Does the PIPP indeed do what it purports?
- What ongoing support will you provide if we try the PIPP?

A Framework

After accepting a definition and clearly understanding the PIPP, the disseminator must have a compatible framework to make a plan that will reach and influence users (i.e., individuals, groups, organizations) in the community. The framework should deal with forces that affect the potential user of the PIPP.

Figure 3 presents an interaction between a dissemination program and a user. The chart suggests a general scenario of the decision-making process potential users appear to follow when they accept or reject a PIPP. This scenario, a synthesis of the ideas of Rogers (1962), Havelock (1973), Berman and McLaughlin (1974), and Muthard (1980), can serve as a framework of a dissemination plan. The flow of this scenario suggests that as the disseminator interacts with the user, the user travels through a series of decision-making phases with respect to the PIPP. Disseminators will find that

Figure 3
User Decision-Making by Phases



planning and conducting their efforts will be easier if they follow a framework (like Figure 3) that deals with the complexities of what users are likely to go through as they make decisions concerning a PIPP.

The framework starts with developing an awareness of the PIPP and moves through phases of showing interest, weighing or evaluating its value, seeking wider support for the PIPP, identifying and securing resources, and deciding to try out the PIPP; the framework concludes with finalizing the preoperations necessary for adoption, adaption, or installation. Of course, the disseminator hopes the user accepts the PIPP and then works toward its routine use. However, the user may choose to accept or reject the PIPP depending upon a host of factors.

A good framework can help point to factors which can cause a potential user to reject a PIPP; and awareness of these factors allows the disseminator to correct or minimize their impact. Any oversight can lead to rejection. For example, if potential benefits of a PIPP are unclear, the user may reject the practice from the outset. Factors outside the disseminator's control (resources, for example) also may lead to rejection.

ENGAGE IN ACTION PLANNING

With a useful and reliable PIPP, a clear approach to dissemination, and a framework for user acceptance or rejection, a disseminator is ready to undertake action planning. This refers to the systematic development, implementation, and evaluation of a dissemination effort. Action planning helps disseminators reassess the nature and needs of their PIPP from a dissemination perspective. And, it helps disseminators design the user's map

through the complex chain of decisions that lead to the PIPP's acceptance. Gallagher, Surles, and Hayes (1973) describe planning as a problem solving process:

Needs alert us to potentials for change and generate goals. Goals require specified objectives which can only be met or realized within the boundaries of resources balanced by constraints. Strategies for reaching objectives, selected from alternative approaches, lead to a choice of action, an implementation of activity, an evaluation of the success of the strategy, and feedback. This feedback of evaluation data helps to adjust goals, improve resources, sharpen objectives, or reduce constraints. (p.1)

An action plan must be designed for the unique demands of each user, and it must be flexible to accommodate new developments.

Figure 4 describes the major activities of an action plan. These steps will help routinize the PIPP. The 14 major tasks outlined in Figure 4 are related to each other and to the communication perspective in Figure 1 and the scenario of user acceptance and rejection in Figure 3. Get together with a group of colleagues and use this guide to spark discussion and consensus; generate objectives; explore alternative strategies in light of resources and constraints; implement and evaluate your efforts.

As Figure 4 portrays, the initial planning task is to specify the PIPP you wish to export and prepare answers to the potential user's questions. Preparing responses to these questions will help generate and guide further action planning. Finally, as the activities imply, the plan must be activated in order to penetrate the adopter and their social network to secure decisions, positive commitments, and ultimate routinization of your PIPP.

IMPLEMENT DISSEMINATION EFFORTS AND

DRAW ON VARIOUS ROLES

An action plan is a map that outlines tasks that must be performed and reveals the organizational structure necessary to carry out a successful dissemination effort. This section of the chapter examines the staff roles and a potpourri of ideas which appear to enhance the success of a dissemination effort.

Structure and Roles

Crandall (1977) suggests that disseminators must think about front-end and back-end roles. The front-end roles are the initial phases of the acceptance or rejection process shown earlier in Figure 3 (awareness through try-out). The back-end roles move from the preoperation phase through adoption, routinization, and withdrawal. Figure 5 (p. 108) describes briefly these different roles.

Some Ideas to Foster Success

Practitioners and policymakers must identify and deal with key elements that dictate success or failure of their efforts. This author's experience, literature on change, and feedback from successful projects point to several vital elements.

- ° The PIPP must be coherent and capable of producing benefits.
- ° The PIPP must be attractive to local people and organizations and compatible with community values and goals.
- ° The PIPP must address a local interest, need, or problem (or a market must be created).

Figure 4

ACTION PLANNING

Activities to Enhance Awareness, Adoption,
Adaptation, and/or Routinization of a PIPP

Activity 1: Specify the PIPP (or combinations) you want to export.

- * What product(s), idea(s), practice(s), or program elements do you want to disseminate?
- * Is the PIPP complex, costly, or difficult to comprehend?
- * Is the quality and/or effectiveness of your PIPP documented?
- * Is the PIPP general or specific enough for marketing?
- * What are the benefits or rewards of the PIPP?
- * What makes your PIPP better than another?

Activity 2: Establish a clear rationale, purpose, and understanding of why you want to disseminate a sound PIPP.

- * Do you want to increase awareness to cause some sort of action or decision?
- * Do you want to change attitudes?
- * Do you want to maintain your program or practice?
- * Do you want to expand your program or practice by encouraging others to copy or adapt it?

Activity 3: Get approval or support from your leadership.

- * Who will endorse your effort?
- * What monies are available to support the PIPP?
- * Who has power to earmark resources for this effort?

Activity 4: Design and articulate the message.

- * What feature will you stress?
- * What theme will you use?
- * Is there a particular angle?
- * What kind of identity do you want?
- * Is your message believable?

Activity 9: Pinpoint possible barriers.

- * Who might hinder or compete with your efforts?
- * What circumstances or occasions are particularly sensitive?
- * Are there resistors to change?

Activity 10: Identify resources you need, and tap resources that are available.

- * Will you need audiovisual equipment?
- * Will you need travel funds?
- * Will you need help from consultants or specialists?
- * Will you need funds for publications?
- * What cash needs do you have, and what sources can you tap?

Activity 11: Design and implement a mix of dissemination strategies.

- * Person-to-person strategies
 - establish and maintain personal relationships
 - develop coalitions
 - work with professional organizations, associations, universities
 - lobby
 - coordinate with others
 - provide consultation and technical assistance
 - use advocates, parents, or advisory boards
 - demonstrate
 - operate through networking
 - provide visitations
 - give testimony for the record
 - hold workshops, training sessions, special events, briefings
- * Print
 - publish newsletters
 - send news releases to local press
 - produce brochures, flyers, manuals, and books
 - mail letters
 - write journal articles

Activity 5: Determine and document the need and support for your PIPP in the community.

- * What local organizations will endorse the PIPP?
- * Are local decision makers and implementors available to support and sanction the PIPP?
- * Is the PIPP compatible with community values?

Activity 6: Identify environment, audience, or beneficiaries of your PIPP.

- * Are children the ultimate users? Family members? Other individuals, groups, or organizations?
- * Are service providers the intermediaries who must be influenced so the PIPP can affect children?
- * What setting and power base are necessary for the PIPP to succeed?
- * Will supporters create a receptive environment for users?
- * What needs/concerns/feelings do users have about your PIPP?

Activity 7: Build a time frame.

- * Must you follow certain timetables?
- * How can the time frames be identified easily and reliably?
- * Will certain key events occur (e.g., county budget hearings, town priority setting for educational services) that are crucial to your efforts?

Activity 8: Delineate staff.

- * How can you assess necessary skills (e.g., selling, persuasion, negotiation, flexibility, politics)?
- * Can you tap parents, advisory committee members, or other advocates?
- * What roles and responsibilities must be put in place?
- * Will coalitions be needed?
- * Who will coordinate your dissemination efforts?

* Audiovisual

- produce slidetapes, films, and videotapes
- tap resources of local radio and TV stations

Activity 12: Develop evaluation strategy, and use feedback to modify your entire effort.

- * How will you evaluate your endeavors?
- * Do you want documentation data, satisfaction data, or progress or outcomes data?
- * Who can coordinate this activity?

Activity 13: Determine the amount and type of follow-along support necessary to help the user.

- * How can you help create a routine?
- * Are you prepared to provide technical assistance to the user?
- * How much support can you provide?
- * How formal or informal are your efforts?
- * What new behaviors and attitudes must users adopt?

Activity 14: Ascertain if it is appropriate to withdraw support.

- * How will you determine the time to fade away from the user site?
- * What preparations are necessary?
- * Are you prepared to give support for an extended period of time?
- * Can you help the user think of modifications or new applications for the PIPP?

Figure 5

Relationship of Implementation
Roles to Phases of Adoption

Front-end Roles
of Disseminator

1. Salesperson makes use of promotional materials—brochures, flyers, other media.
2. Information Linker helps user clarify needs and answer questions—personal contact.
3. Program Facilitator alerts user to wide variety of practices, products, or programs and facilitates decision making—demonstrations, field visits, personal contact.
4. Processor helps user diagnose needs—personal contact.
5. Agent/Doer helps prepare the organization for change—personal contact and training.

Phases of User's
Decision Making

Awareness



Interest



Evaluation



Support



Resources



Try-Out



Preoperations



Adoption or Adaptation



Routinization



Withdrawal

Back-end Roles
of Disseminator

1. Resource Arranger helps get change installed and brings in necessary materials—AV products, print materials, personal contact, training.
2. Information Linker answers questions during these phases—personal contact, technical assistance.
3. Technical Assistance Provider helps get kinks out of installation, solves problems, and helps user reach goals—technical assistance.
4. Evaluator helps user learn for future situations—personal contact.
5. Educator/Capacity Builder helps to push user beyond routine.

- ° A favorable climate must prevail or be created with endorsements and adequate fiscal, personnel, and material resources.
- ° The PIPP must be flexible and presented in an organized, timely, and accurate manner through a mix of delivery strategies that stress personal communication.
- ° The disseminator project and the user agency both need influential, continuous, and assertive leadership.
- ° The disseminator must be credible--perceived as trustworthy and competent.
- ° The disseminator must start action planning early, clearly delegate staff roles and responsibilities, and continuously generate support and visibility. (Dissemination is a process that takes enormous time and energy.)
- ° The disseminator must know (research) the user and the degree of adoption, adaptation, or routinization that it has in mind.
- ° The disseminator must be flexible--ready to deal with leadership changes, lack of agency support, changing program and funding priorities, staff burnout, or any external influences.
- ° The disseminator must be sensitive to the fact that a user may adapt or modify a PIPP and not adopt it completely.
- ° Finally, disseminators should always thank those who helped the dissemination effort.

CONCLUSION

Dissemination is a complex, dynamic, planned process for exporting an identifiable PIPP (product, idea, practice, or program) to an audience which will adopt or adapt it for some sort of routine use. To accomplish this challenging task of integrating change into the landscape of community services, practitioners and policy makers must use a decision-making framework, engage in action planning, and must plan for various guiding

principles that can facilitate success in the dissemination endeavor.

Ohme (1977) provides this observation about the keys for planning and implementing a strategy for change:

The success of a plan does not depend necessarily upon its merit, but rather upon the right combination of leadership plus client and practitioner involvement. (p. 263)

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**ADDITIONAL
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APPENDIX

APPENDIX

The Invisible College on the Institutionalization of Change was held at Bank Street College of Education at New York City on March 12 to 14, 1980. The Invisible College provided an opportunity for educational theorists and practitioners to interact in a supportive environment, share information, review theoretical perspectives critically, explore the application of specific educational theory, and discover how and when research into planned change and institutionalization converges. The experience of the practitioners confirmed the conceptual perspectives presented by the theoreticians.

The faculty of the Invisible College on the Institutionalization of Change included:

J. Victor Baldridge, Higher Education Research Institute
Peter M. Bateman, Massachusetts Institute of Technology
Nathan Brown, The New School of Social Research
Ronald G. Havelock, American University
Nancy J. Howes, State University of New York at Albany
Gordon Klopff, Bank Street College of Education
Gary Lambour, U.S. Special Education Programs
David Robinson, Carnegie Foundation for the Advancement of Teaching
David Rostetter, U.S. Special Education Programs
Philip J. Runkel, University of Oregon
Selma G. Sapir, Bank Street College of Education
Leila Sussmann, Tufts University
Pascal L. Trohanis, Technical Assistance Development System (TADS)